

# Voluntary Benefits Voice

M A G A Z I N E



**Regulatory  
Signals Brokers  
Cannot Ignore**

**What Your ACA  
Reporting Says  
About You**

**Is It Time for  
Employers to Pay for  
Life and Long-Term  
Care Insurance?**

**VOLUNTARY ADVANTAGE**

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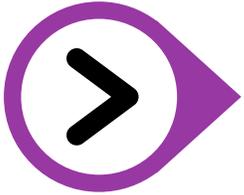


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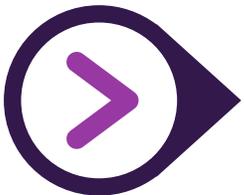


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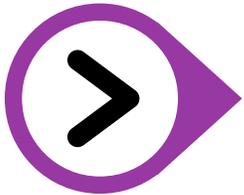
# FEATURED ARTICLES



Worksite Life Insurance + LTC: The Missing Piece to the Financial Wellness Puzzle



What Your ACA Reporting Says About You: How Your 1094-C and 1095-C Forms Can Trigger IRS Penalties and What to Do About It



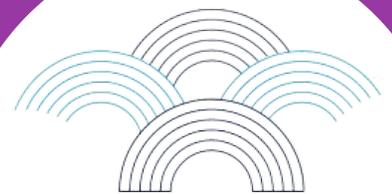
Is It Time for Employers to Pay for Life and Long-Term Care Insurance?



Service at Their Fingertips



Regulatory Signals Brokers Cannot Ignore



Now That We're All Together

# From The Editor...

## March and the Marketplace: Fresh Starts, New Beginnings

As we wrap up the first quarter of 2026, we find ourselves in the month of March and for me, that has always meant something. Growing up as a farm kid in Minnesota, March was never just a month on the calendar. It was the season of transition. Winter began its slow retreat, calves were being born, snowdrifts gave way to muddy fields, and the entire farm shifted into preparation mode for spring planting. Warmer weather, longer days, and a palpable sense of new beginnings were in the air.

That same energy is present in our marketplace today.

- First, we find ourselves at a critical crossroads, with landmark ERISA Fiduciary Liability lawsuits now in queue and the entire voluntary benefits space taking notice.
- Second, the long-standing tension between shareholder earnings, loss ratios, and the quantification of genuine policyholder experience continues to play out in carrier boardrooms, on brokerage slide decks, and yes, in employee break rooms during open enrollment.
- Third, the ongoing discussion, adoption, and implementation of AI within our marketplace ecosystem is no longer theoretical. It is operational and accelerating.

Here is how I see these three dynamics playing out as we turn the corner into Q2.

**Governance as the New Competitive Moat:** The ERISA fiduciary lawsuits are not just a legal story they are a market structure story. What Schlichter Bogard effectively did in December 2025 was pull back the curtain on a governance deficit that has quietly existed within voluntary benefits for years. Governance will become the great separator in this market. The stakeholders who document, monitor, and adjust will be the champions. Those who treat governance as a compliance checklist retrofitting it only when faced with litigation will find themselves perpetually behind the plow.

The question every boardroom and brokerage should be asking right now is not "Are we compliant?" It is "Can we demonstrate that we acted in the policyholder's best interest at every decision point?" That is a hard question. It is also the more important one. Governance embedded into carrier selection, broker compensation structures, fee benchmarking, and plan documentation is not just risk mitigation, it is a competitive foundation.

**Policyholder Experience as True North:** The tension between shareholder earnings, loss ratios, and policyholder experience is one of the most honest characterizations of where this market currently stands. The reality is that for too long, policyholder experience occupied the third position on that list when it should have been the first.

The stakeholders who reorient their entire value chain from product design to claim adjudication to enrollment communication around genuine policyholder outcomes will discover something worth noting it is also simply good business. Retention improves. Participation rates rise. Loss ratios, when managed around real value delivery, stabilize. The alignment between policyholder experience and long-term business sustainability is far more achievable than the current debate suggests.



**AI as the Aggregator of "Why" and "How":** AI is not the strategy. It is the engine that makes the strategy executable at scale. And across all three pillars of our current marketplace conversation, its role is becoming increasingly clear.

In governance, AI can continuously monitor broker compensation patterns, flag fee anomalies, benchmark carrier performance, and generate auditable decision trails that demonstrate fiduciary prudence in real time not just at annual review.

In policyholder experience, AI can personalize enrollment communications, anticipate which benefits resonate with specific workforce demographics, streamline claims processing, and identify when a policyholder is struggling to navigate their coverage before they disengage entirely and go unserved.

In the boardroom and on brokerage slide decks, AI replaces the narrative of assumption with the narrative of evidence real utilization data, real claims outcomes, and real participation trends that shift the conversation from projection to performance.

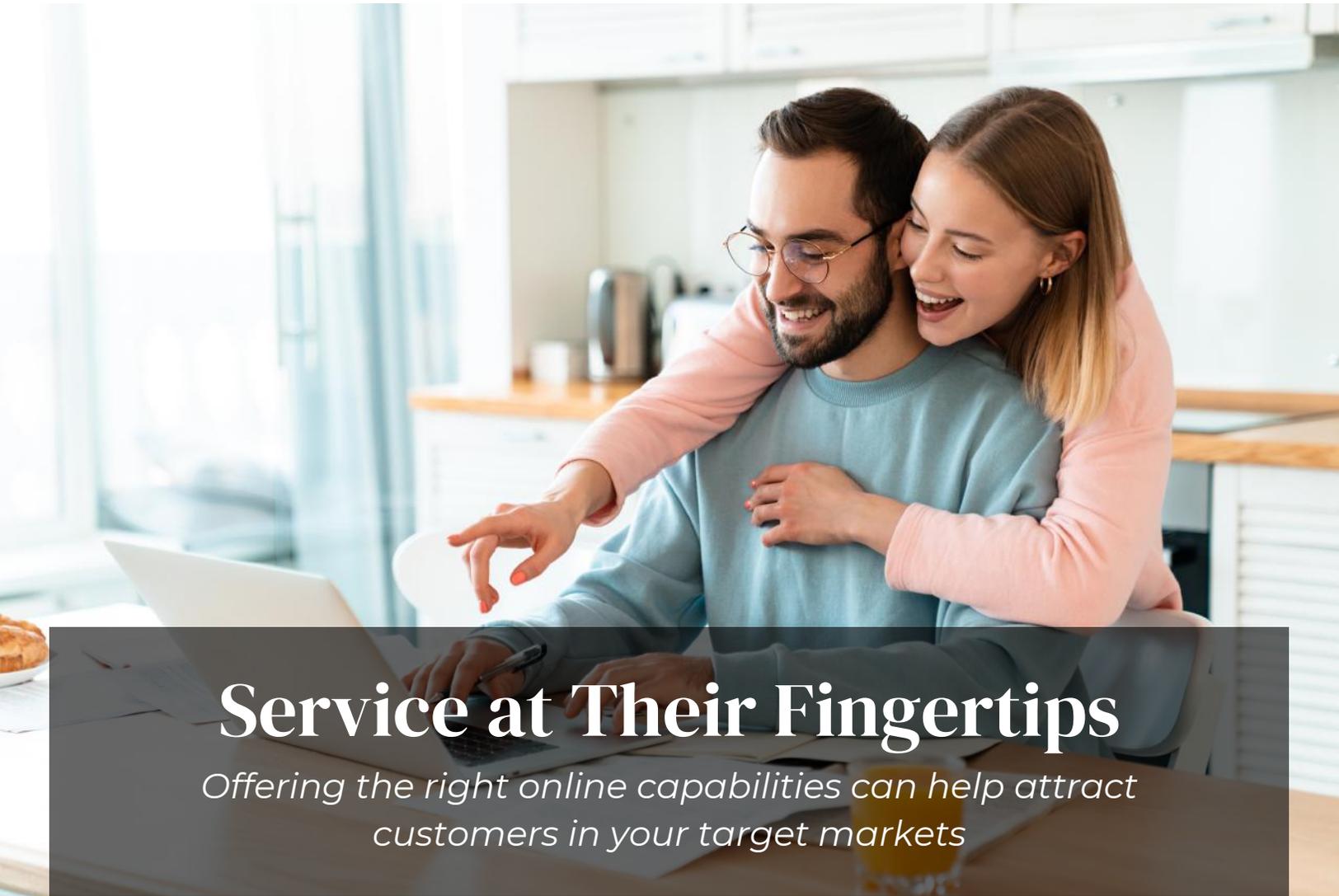
The organizations that deploy AI not as a novelty or a cost-cutting mechanism, but as the connective tissue between governance discipline, policyholder centricity, and business performance, will be the ones setting the pace in the quarters ahead.

### **Closing Thoughts: It's March and It's Madness**

March is about change. Good change. Necessary change. And of course, who could forget March Madness.

So, as we fill out our brackets and head into Q2, the question worth asking is this: Will governance reform, policyholder-first thinking, and AI-driven operations prove to be bracket busters upending the old order in ways no one saw coming? Will they emerge as a Cinderella story scrappy, underestimated, and surprisingly dominant? Or will the marketplace simply hang another championship banner for the old way of doing things?

The seeds are in the ground. The fields are thawing. We shall see, my friends.



# Service at Their Fingertips

*Offering the right online capabilities can help attract customers in your target markets*

## **By Eastbridge Consulting Group, Inc.**

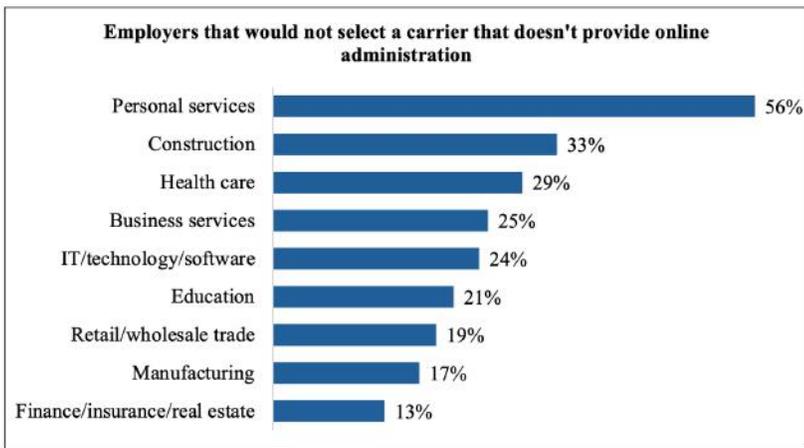
When it comes to voluntary benefits, it's not just the "what" that matters — the "how" is vital, too. In other words, a strong product portfolio, value-added services and competitive pricing are important, but providing the right tools and resources for customers to access information and interact with the company — how and when they want — is equally important to create long-term value and lasting relationships. And it's no surprise that in today's digitally driven environment, customers increasingly expect carriers to deliver those tools and resources online.

The vast majority of employers and employees we've surveyed want online services, but they don't all agree on which capabilities matter most.

In fact, these preferences can vary quite a bit by industry. Carriers and brokers looking for success in different target markets might find it worthwhile to dive a bit deeper into these customer preferences.

## **Online Administration is Essential**

Virtually all employers we surveyed for the most recent "Employer Size and Industry Demographics for the Voluntary/Worksite Market" MarketVision™ — The Employer Viewpoint® report, say that carrier-provided online administration capabilities are important. But some feel much more strongly about this than others: More than half of Personal Services employers (56%) say a carrier that doesn't provide online administration is off the table, while Retail / Wholesale Trade (54%) and Education (50%) employers are the most likely to say online administration capabilities definitely influence their carrier decision.



Source: "Employer Size and Industry Demographics for the Voluntary/Worksite Market" MarketVision™— The Employer Viewpoint® report

Manufacturing employers (41%) are much more likely than other industries to say if all other factors are equal, they'll select the carrier that offers this capability.

### What Matters Most

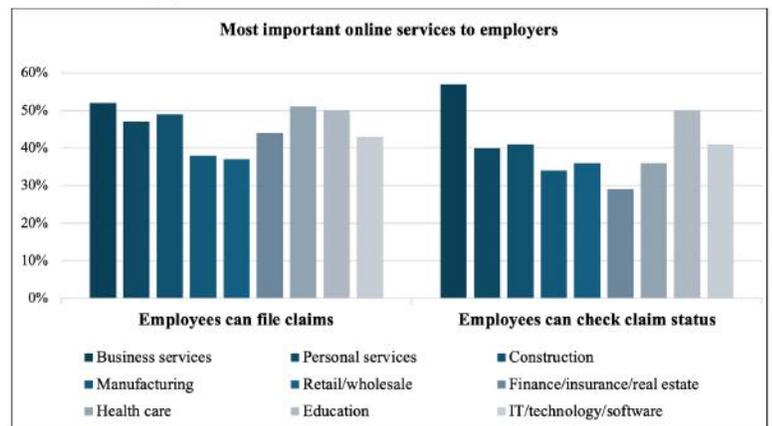
Employers value a long list of carrier capabilities and attributes when selecting a voluntary carrier, from enrollment support to pricing, to high-quality service. Many of their most important selection factors relate to online capabilities — but again, employers in different industries vary in which capabilities matter most. Personal Services employers put the greatest emphasis on the availability of self-service options for both employers and employees (82%) and self-administered billing (78%). Employers in business services firms (86%) and IT / Technology / Software companies (83%) rank the availability of tools, calculators and benefits advice highest. A website for access to claims forms, status and coverage information matters most to Finance / Insurance / Real Estate employers (80%).

### Critical Online Services

Diving even deeper into the most critical online services carriers must offer, the top two across the board tend to be related to claims: employees' ability to file claims and check claims status online.

These two services are especially important to Business Services employers and Education employers, while online claims filing is by far the most important service for Construction employers.

However, IT / Tech / Software employers cite the ability to adjust and pay a bill online as the most critical online service they're looking for. Retail / Wholesale Trade employers say it's just as important for employees to be able to view the benefits specific to their purchase as it is for them to file claims online.



Source: "Employer Size and Industry Demographics for the Voluntary/Worksite Market" MarketVision™— The Employer Viewpoint® report

Manufacturing employers tend to place the lowest importance on most online services, but more than a third list the ability to adjust and pay a bill online, and to change an employee's coverage online as critical.

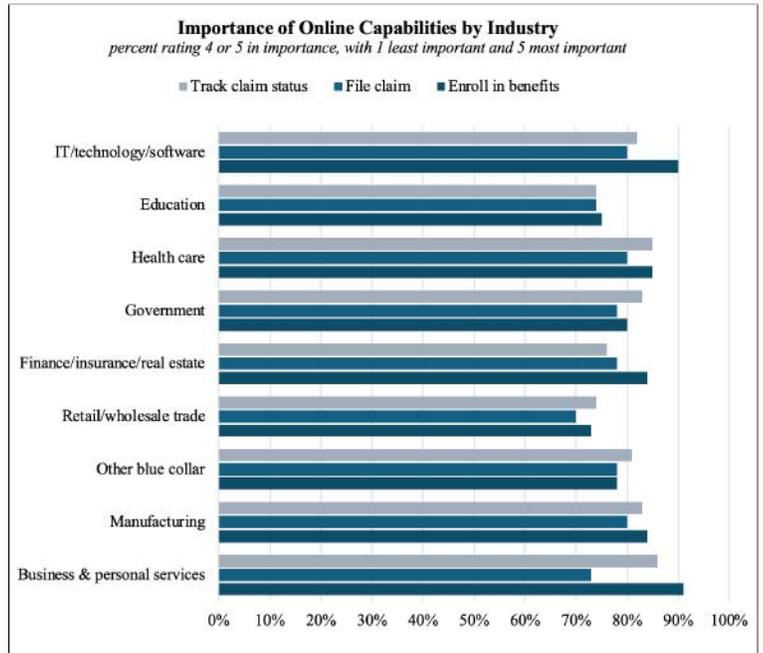
Interestingly, several online services that might seem popular appear to actually be of relatively low interest to most employers. For example, online claims payment tends to rank low, although Health Care employers place more emphasis on it than other employers do. Online chat year-round for quick answers to questions also gets low marks, except for about a third of Personal Services and Education employers.

## Employees' Perspective

Employees we surveyed tend to agree with their employers about which online services are essential, according to the new “Employee Demographic Details: Exploring Attitudes and Behaviors About Voluntary / Worksite Benefits: Employer Size & Industry” MarketVision™—the Employee Viewpoint® report. But there are a few surprises here, too.

A strong majority of employees list the ability to file a claim and track its status online as two of the most important online services — but nearly all employees across industries place more emphasis on tracking the claim than on filing it. In addition, employees in several sectors say enrolling in benefits online is significantly more important than either of these claims capabilities, including 91% of Business and Personal Services employees, 90% of IT / Technology / Software employees, and 84% of Finance / Insurance / Real Estate employees.

Employees in the Education sector rank other online services higher than either claims or enrollment, including the ability to make simple changes such as contact information (82%) and the ability to view all their benefits information, including medical, employer-paid, voluntary and retirement benefits. Government employees also say online access to all their benefits information is most important, while Finance / Insurance / Real Estate employees place the highest importance on online access to standard benefits information.



Source: “Employee Demographic Details: Exploring Attitudes and Behaviors About Voluntary/Worksite Benefits: Employer Size & Industry” MarketVision™—the Employee Viewpoint® report

And circling back to the strong interest in online enrollment, a strong majority of employees across industries say access to an online tool during their enrollment was helpful or very helpful. Virtually all (96%) IT / Technology / Software workers share this view, as do 92% of Business and Personal Services employees and 90% of Education employees. Unfortunately, fewer than half of employees report they had access to this type of support during their most recent enrollment.

Just as voluntary benefits offer the ability to move beyond one-size-fits all benefits packages, understanding the essential online services employers and employees expect can provide valuable direction for carriers wanting to focus their efforts and create the best fit for different target markets.



**Danielle Lehman**  
Senior Consultant

**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/worksite carriers are both consulting and research clients of Eastbridge.**



# Help safeguard employees' identities this tax season

From W-2's to online filings, protecting personal information matters more than ever.



Employee information lives in more places than they can control, especially during tax season. Every touchpoint can increase exposure to identity theft and financial loss.

## Tax fraud affects more than refunds



Tax forms, like W2s, **contain all the personal information needed** to commit identity theft.



The IRS identified almost **4.5 billion** in tax fraud in 2025.<sup>1</sup>



The IRS flagged **2 million tax returns** for possible identity fraud in 2025.



Tax-related ID theft victims wait **nearly two years for resolution**—and face an even longer road to full recovery.<sup>2</sup>

## Offer employees identity theft protection for tax season and beyond

Partner with Norton LifeLock Benefit Solutions to help protect your employees' finances — and their futures.

### Reach out today to get started

 [EB\\_Sales@GenDigital.com](mailto:EB_Sales@GenDigital.com)

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No one can prevent all identity theft or all cybercrime.

<sup>1</sup> Internal Revenue Service. Publication 3583: Tax-Related Identity Theft. U.S. Department of the Treasury. <https://www.irs.gov/pub/irs-pdf/p3583.pdf>

<sup>2</sup> As of April 2024, based on the National Taxpayer Advocate Objectives Report to Congress, Fiscal Year 2025



# Regulatory Signals Brokers Cannot Ignore

*What 2025 Taught Us and How It Is Shaping 2026*

## By PES Benefits

Regulatory change in employee benefits rarely happens overnight. More often, it unfolds through a series of guidance updates, enforcement priorities, and clarifications that, when viewed together, reveal where regulators expect employers and plan fiduciaries to move next. Looking back at 2025, several trends became more defined, and in early 2026 their impact is now being felt more directly in plan strategy, vendor selection, and broker advisory conversations.

For brokers, the lesson from 2025 is not simply to track new rules, but to understand how regulators are reframing expectations around access, documentation, and accountability in employer-sponsored health plans.



### **Trend One: Enforcement Is Focusing on Access, Not Just Design**

One of the most important regulatory signals from 2025 is the continued shift away from purely plan design compliance toward real world access and outcomes. Across multiple areas, including mental health parity, network adequacy, and nonquantitative treatment limitations, regulators have emphasized that having compliant language on paper is no longer enough.

The Departments of Labor, Health and Human Services, and Treasury have repeatedly reinforced that parity compliance must consider how benefits operate in practice. This includes appointment wait times, provider availability, prior authorization processes, and reimbursement methodologies.

While some elements of the 2024 Mental Health Parity Final Rule are currently under non enforcement due to litigation, the underlying statutory requirement to demonstrate parity in operation remains fully in effect (U.S. Department of Labor, 2025).

In 2026, this means employers are being evaluated on whether participants can realistically access care, not simply whether plan documents appear balanced. Brokers who help clients assess access gaps proactively are better positioned to reduce compliance risk before it becomes an enforcement issue.

**In 2026, this means employers are being evaluated on whether participants can realistically access care, not simply whether plan documents appear balanced**

### **Trend Two: Documentation Expectations Are Rising Across the Board**

Another clear trend emerging from 2025 is the expectation that plan sponsors maintain thorough, defensible documentation. This extends beyond mental health parity to fiduciary oversight, vendor management, and benefit decision making.

The Consolidated Appropriations Act of 2021 established the requirement for written NQTL comparative analyses, and regulators have continued to enforce this provision. In guidance and enforcement statements issued in 2024 and 2025, agencies reiterated that failure to produce required documentation upon request can itself constitute a violation, regardless of whether the plan design is ultimately compliant (Nixon Peabody, 2025).

In practice, this raises the bar for employers. Brokers now need to help clients think not only about what decisions are being made, but how those decisions are documented, stored, and reviewed. In early 2026, brokers are increasingly being asked to assist with documentation workflows, vendor accountability discussions, and audit readiness planning.

### **Trend Three: Virtual Care Is Being Viewed Through a Compliance Lens**

Virtual care adoption accelerated rapidly during the pandemic, but regulatory attention has matured significantly since then. In 2025, regulators increasingly discussed virtual care not as an innovation alone, but as a mechanism to address access challenges, particularly in behavioral health and primary care.

Federal agencies and policy researchers have highlighted the role of virtual care in reducing geographic and scheduling barriers, improving care coordination, and supporting earlier intervention. The Agency for Healthcare Research and Quality has emphasized that care coordination and navigation tools, including digital platforms, can improve access and continuity of care, particularly for behavioral health populations (AHRQ, 2024).

**Another clear trend emerging from 2025 is the expectation that plan sponsors maintain thorough, defensible documentation**

In 2026, this framing matters. Virtual care is no longer positioned only as a convenience benefit. It is increasingly part of how employers demonstrate reasonable access, network sufficiency, and prudent benefit design. Brokers who can connect virtual care strategy to regulatory expectations, are helping clients move from reactive adoption to intentional compliance support.



## Trend Four: Fiduciary Scrutiny Is Expanding Beyond Investments

Historically, fiduciary discussions focused heavily on retirement plans. In recent years, however, regulators and plaintiffs have increasingly applied fiduciary standards to health and welfare plans, particularly self-funded arrangements.

Guidance from the Department of Labor has reinforced that fiduciaries must act prudently and solely in the interest of participants when selecting and monitoring health plan vendors. This includes evaluating cost effectiveness, service quality, and participant outcomes. In 2025, regulatory commentary increasingly linked benefit access, parity compliance, and vendor oversight to fiduciary responsibility (U.S. Department of Labor, 2025).

As a result, brokers in 2026 are being pulled into more sophisticated fiduciary conversations. Employers want to understand how benefit decisions may be viewed through a fiduciary lens and what documentation supports those decisions. This creates an opportunity for brokers to elevate their role beyond placement and renewal.

## What This Means for Brokers Now

The regulatory trends that emerged in 2025 are shaping a more demanding environment in 2026. Compliance expectations are broader; documentation requirements are deeper, and access is under greater scrutiny. For brokers, this is not simply more regulation to track. It is a shift in how value is delivered.

Brokers who help employers anticipate regulatory direction, rather than react to enforcement, strengthen their advisory position. This includes helping clients evaluate access gaps, document benefit decisions, assess virtual care strategies, and understand fiduciary exposure.

In a market where many employers feel regulatory fatigue, brokers who can translate these trends into practical, manageable actions will stand out. The regulatory signals are clear. The opportunity lies in helping clients respond thoughtfully and proactively.

### Sources:

- U.S. Department of Labor. (2025). [Statement regarding enforcement of the final rule on requirements related to the Mental Health Parity and Addiction Equity Act.](#)
- Agency for Healthcare Research and Quality. (2024). [Care coordination and navigation in behavioral health.](#)
- Nixon Peabody LLP. (2025). [Mental health parity non-enforcement and ongoing compliance obligations. Mental health parity non-enforcement—What plan sponsors need to know | Nixon Peabody LLP](#)



PES Benefits is dedicated to revolutionizing the employee benefits landscape with cutting-edge technology, administration, education, 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.



# Worksite Life Insurance + LTC

*The Missing Piece to the Financial Wellness Puzzle*

## By Steve Cain & Ivette Garzon

Long-term care planning is becoming a critical part of an employee's financial wellness. Financial Wellness and Retirement Readiness programs are becoming more popular, as employers are looking to provide guidance and education to their employees beyond 401(k) contributions. Worksite Life Insurance + LTC can be complementary to these programs as these products help protect retirement income and lifestyles. Like other voluntary benefits, communication is the key to a program's success. This article will help provide tips and best practices for implementing Worksite Life Insurance + LTC solutions.

### **Financial Wellness Programs: A New Benchmark Benefit**

According to a recent Ascensus report, 77 percent of U.S. employers already have or intend to offer financial wellness plans for their workforce.<sup>1</sup>

A financial wellness program is a structured set of services designed to help people improve their overall financial health, usually offered as an employer benefit. These programs go beyond basic financial education to focus on both knowledge and behavior, aiming to reduce financial stress and build long-term stability.

The goal is for participants to develop a healthier relationship with money so they can manage day-to-day finances, handle emergencies, and plan for future goals like retirement.

Common elements you'll see in a financial wellness program include:

- Education on budgeting, saving, and cash-flow management
- Tools and coaching for debt reduction and credit building
- Guidance on retirement and investment planning
- Support for emergencies and short-term savings
- Access to financial counselors, planners, or workshops (online or in person)

### **Marrying Worksite Life Insurance + LTC with Financial Wellness and 401(k) Protection**

Let's face it, state and federal legislative activity is not going to drive Worksite Life Insurance + LTC sales in 2026 and likely 2027. Most public program conversations have been stalled, and several states have indicated that they intend to study the issue versus submit for statewide programs.

Simply stated, these studies and conversations take time. So, what does that mean for voluntary Worksite Life Insurance + LTC today? Brokers are no longer leading with legislative conversations, and we are needing to go back to the basics – financial protection from premature death and LTC events.

As we have conversations with employee benefit brokers and retirement specialists, we challenge them by asking the question, **“How can you guide employees on retirement if you’re not talking about their biggest healthcare expense in retirement?”** Plan Sponsor survey after survey shows that employees are concerned about healthcare in retirement and outliving their money. Worksite Life Insurance + LTC can provide a firewall or buffer to an employee’s 401(k) in the event that they need extended care.

In this article, you will find a graphic illustrating American’s average 401(k) balances by age. If employees think that their 401(k) will pay for their extended healthcare, they will be surprised to learn just how expensive Long-Term Care can be. According to CareScout’s Annual Cost of Care survey, the average cost for home healthcare in 2024 was over \$77,000 and the average cost for a private room in a skilled nursing facility was over \$127,000. <sup>2</sup> Just imagine if you or a loved one needed three to four years of care.

A Long-Term Care event can take a significant bite out of someone’s retirement savings. These figures also do not factor in inflation/increases in the cost of Long-Term Care over time. Simply stated, Long-Term Care is a BIG financial risk to employees’ retirement.



## Workforce Financial Stability Score reaches new peak

In February, the Workforce Financial Stability Score<sup>SM</sup> (WFSS) increased 5.5 points, climbing to its highest level to date. All dimensions improved month over month, led by a 7.1-point increase in working Americans’ confidence around meeting longer-term goals. Year over year, the WFSS rose 8.6 points compared to February 2025, with increases across every dimension. Notably, confidence in meeting long-term goals improved by 11.3 points, while the ability to help others rose by 10.2 points.

Workforce Financial Stability Score<sup>SM</sup>

63.8

Check out the Latest Scores

**Worksite Better.**

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# Average: \$148,153

CNBC: Here's the average 401(k) balance by age

Age	Average	Median
Under 25	\$6,899	\$1,948
25 to 34	\$42,640	\$16,255
35 to 44	\$103,552	\$39,958
45 to 54	\$188,643	\$67,796
55 to 64	\$271,320	\$95,642
65 and up	\$299,442	\$95,425

@TheMarcusGarrett | CNBC, Here's the average 401(k) balance by age  
Data: 2025 Vanguard's "How America Saves"

"Average 401(k) balance by age. Source: Vanguard, 'How America Saves 2025.'"

## The Long-Term Care Planning Disconnect

Most employees, HR professionals, and brokers have some type of personal experience with Long-Term Care. We all have loved ones who need or have needed some type of care, and we know that it can be consuming—financially, emotionally, and from a caregiving perspective. **So why isn't Worksite Life Insurance + LTC a benchmark benefit yet?**

**Simply stated, Long-Term Care is a BIG financial risk to employees' retirement**

In a recent Transamerica report, when employees were polled, **81% say that LTC Insurance is important/very important to them, but only 25% of their employers are offering this coverage.**<sup>3</sup> In this report, this gap is the largest disconnect between employees' benefits needs and benefits being offered by an employer.

This survey (and many others), plus sales growth and market entrants, tells us that voluntary Worksite Life Insurance + LTC is in great demand. As we continue to experience this generational shift, older Millennials and Gen Xer's will likely find value in this benefit as they are living through the challenges of being part of the "sandwich generation".

## One Size Doesn't Fit All

Close your eyes and think about Long-Term Care. What are you picturing? I know, us too.

For those who didn't play this game with us, most people pictured a dark and depressing nursing home that smells like cabbage, where people go to die. But that couldn't be further from the truth. Not only has the delivery of Long-Term Care services and support changed, but the buyers of Worksite Life Insurance + LTC have changed too.

The insurance solutions have evolved, and the average age of the buyer has decreased significantly over the years. This is a good thing, but it also presents its challenges. We must communicate differently with different generations in the workplace. Each generation has unique needs and prefers different methods of communication.

Voluntary LTC Insurance is now viewed as a life stage planning benefit. Combination of Life + LTC plans enable brokers and employers to offer coverage that more broadly appeals to an employee population. A Millennial might be interested in securing additional/portable Life Insurance as he/she grows their family. While a Gen Xer in the sandwich generation is highly sensitive to Long-Term Care right now.

**So how do you effectively communicate to all generations of a workforce who may find these products valuable?**

- Bite-size and frequent touchpoints
- Provide multiple ways to learn about the program and benefits
- Avoid insurance jargon (keep it simple)
- Use storytelling vs statistics
- Frame this benefit as a financial tool (retirement income, family and lifestyle protection)
- Personalization (rates, cost of care, and employee needs)
- Off-cycle enrollment (standalone communication and education)



**Initiating the Worksite Life Insurance + LTC conversation**

By this point, you understand that Long-Term Care is a big and looming crisis in America. You know that this care can be very expensive. You know that most people now have some experience with Long-Term Care and their loved ones. And employees are interested in Worksite Life Insurance + LTC. So, what now? What are the most effective ways to bring up this conversation?

- “More and more of our clients have been inquiring about voluntary Worksite Life Insurance + LTC. Have you implemented a plan in the past or have you thought about adding this benefit recently?”
- “Have you or do you know anyone who has experienced a Long-Term care event in their family?”
- “What do you know about Worksite Life Insurance + LTC?”
- “You have a financial wellness program in place, and it encourages people to not only save but make good financial decisions with their budgeting, spending, and planning. A piece that is often overlooked is risks to someone’s retirement. Long-Term Care can be the greatest healthcare risk to somebody’s retirement.”

- “Right now, we don’t expect states or the federal government to create public programs to pay for Long-Term Care, so the responsibility is really on us as Americans. Worksite Life Insurance + LTC can help pay for future extended healthcare needs and help protect employees’ retirement savings. Can we setup a time to talk about it?”
- “I just wanted to share a personal story, I am dealing with [insert your personal experience with LTC] ... So, I am on a mission to help educate as many of my clients and their employees as possible to raise awareness about this challenging issue.”

**The question isn't whether employees will face this issue—it's whether you'll be the trusted partner who helped them prepare for it**

## The Bottom Line

Long-Term Care planning doesn't have to be a heavy or complicated conversation—it just needs to be part of the conversation. Your clients are already thinking about retirement, protection, and financial security. If Long-Term Care isn't addressed in a financial wellness strategy, it's only a matter of time before another broker, a family member, or a crisis brings it to the table.

**The question isn't whether employees will face this issue—it's whether you'll be the trusted partner who helped them prepare for it.** By incorporating Worksite Life Insurance + LTC into your benefits strategy now, you're not just filling a gap—you're completing the financial wellness puzzle and ensuring your clients' retirement plans can actually withstand the realities of aging.

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1. Ascensus. "Ascensus Report Shows Employers are Prioritizing Financial Focused Benefits to Meet Shifting Generational Needs." PR Newswire, January 26, 2026.
2. CareScout. "Cost of Care Survey, July through December 2024."
3. Transamerica Center for Retirement Studies. "An Uncertain Future: Retirement Prospects of 4 Generations." Transamerica Institute, June 2025.
4. Vanguard. "How America Saves 2025." Vanguard Group, 2025.

**Steve Cain, CLTC, Director of Sales & Business Development at LTCI Partners, LLC:** A former college and minor league baseball player, Steve brings the same competitive drive to his work, backed by more than 20 years of experience in employee benefits and financial services with a focus on individual and group long-term care insurance. Recognized as a thought leader in the industry, Steve is a frequent speaker at major events and has authored articles featured in leading publications including The Wall Street Journal, Financial Planning, USA Today, and InvestmentNews.



**Ivette Garzon, Director of Strategic Client Development and Operations at J. Manning & Associates:** A natural problem-solver with a passion for understanding what makes organizations tick, Ivette brings that same curiosity and drive to her work, backed by more than ten years of experience in financial services with a focus on marketing strategy, business development, and operational growth within the insurance industry. A dual graduate of Texas State University in Marketing and Business Management, she is dedicated to building strategic partnerships and driving initiatives that support client engagement and organizational success.



# OnePack Plan™

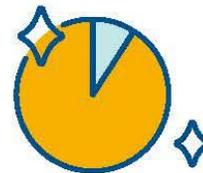
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<sup>1</sup>91% of our groups have not seen a rate increase in the past 5 years. Based on PetPartners rates from 2020-2025.

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# What Your ACA Reporting Says About You

*How Your 1094-C and 1095-C Forms Can Trigger IRS Penalties and What to Do About It*

## **By ETC, A Division of PES Benefits**

If you're an applicable large employer (ALE) subject to the Affordable Care Act's employer mandate, you already know you need to file Forms 1094-C and 1095-C every year. What many employers and brokers do not fully appreciate, however, is that these forms are more than routine compliance paperwork. They serve as a detailed record for the IRS that shows whether you have met your obligations under the employer shared responsibility provisions.

Think of it this way. When an employee goes to the Health Insurance Marketplace and receives a premium tax credit to help pay for coverage, the IRS begins asking questions. Did that employee's employer offer coverage? Was it affordable? Did it provide minimum value? Your ACA reporting provides the answers. If those answers indicate you fell short, you can expect to receive a Letter 226J proposing employer shared responsibility payments (ESRPs).

## **What the Forms Actually Tell the IRS**

**Form 1095-C** is issued to each full-time employee and tells their complete story for the year:

- Whether you offered them coverage each month (Line 14)
- What their monthly premium would have been for self-only coverage, which can be used to determine if coverage was affordable based on W-2 wages, rate of pay, or the federal poverty level (Line 15)
- Whether they actually enrolled in your coverage or whether some other type of ESRP relief exists (Line 16)

**Form 1094-C** is the transmittal that summarizes your entire workforce and certifications about your plan offerings.

When an employee receives a premium tax credit from the Marketplace, the IRS cross-references their subsidy against the Form 1094-C for the company and the Form 1095-C for that employee.

Any discrepancies or gaps become potential ESRP triggers.

## Why the ESRP Amount Can Be Higher Than Expected

**MEC Only Offers.** A minimum essential coverage (MEC) offer can be a cost-friendly option for employers looking to avoid exposure to large ESRPs that are based on the employer's full-time workforce size. However, this coverage does not completely insulate the employer from all ESRP exposure because it does not meet minimum value requirements.

If a full-time employee declines an MEC only offer and receives a Marketplace subsidy, this will trigger an ESRP for that individual. Depending on the number of full-time employees involved, this can trigger a significant ESRP. For example, if just 10 full-time employees declined an MEC only offer in 2026 and received a Marketplace subsidy, this would trigger an ESRP of **\$50,100**.

**Inaccurate Reporting.** Another common culprit for a higher-than-expected ESRP amount is inaccurate reporting. For example, if an employer's Form 1094-C reflects that it did not offer any coverage to its full-time employees, this can trigger the more costly ESRP that is calculated based on its full-time employee count.

**For more complex ESRP issues, employers may need to hire outside support from someone who understands the complex reporting rules and can review payroll and benefits data. Otherwise, they could be overpaying the IRS**

Consider an employer who inaccurately reported that it did not offer coverage in 2026 to its 100 full-time employees – its ESRP amount would be \$2,805,600!

**Affordability Questions.** Finally, whether because of inaccurate reporting or because the IRS is simply questioning the affordability of an employer's plan, employers may be surprised to receive a 226J letter proposing any ESRP amount. In these situations, the IRS will only remove the ESRP if the employer's response accurately shows the calculations for how coverage met an affordability safe harbor for each applicable full-time employee.

In any of these scenarios where an employer has received a 226J letter with questionably high ESRPs, it is important that they carefully cross-reference what was offered to employees versus what was reported on their Forms 1094-C and 1095-C. For more complex ESRP issues, employers may need to hire outside support from someone who understands the complex reporting rules and can review payroll and benefits data. Otherwise, they could be overpaying the IRS.

## Getting Ahead of the Problem to Mitigate Exposure

As employers are preparing for Form 1094-C and 1095-C reporting this year, here's what brokers should be advising their employer clients to review to understand their risks and minimize their ESRP exposure:

### Benefit Plan Design Education

The amount of health coverage an ALE chooses to offer is a business decision driven by financial considerations, company culture, and risk tolerance.

Offering a plan that does not fully insulate the employer from all ESRP exposure may be the best business decision because it is less costly than offering a full plan that meets all ACA requirements even if some employees trigger an ESRP. However, for employers who are less risk tolerant, an individual coverage health reimbursement arrangement (ICHRA) that is designed to be affordable could be a better fit for their budget and risk profile. Regardless, employers should understand their options and the ESRP exposure of their benefit plan so that they are not surprised later when the IRS issues a 226J letter.

### Catching Errors Before Filing

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Most employers outsource ACA reporting to payroll companies, benefits administrators, or specialized vendors. This makes sense—the rules are complex and most forms must be filed electronically. But here's the risk: **you're still responsible for the accuracy of your reporting, even if someone else prepares it.**

The following are relatively quick things that employers can review to catch the kind of reporting errors that can generate unexpected ESRPs:

- **Form 1094-C, Part II, column (a):** If this column does not reflect a “Yes” in all months, the employer will risk exposure to the larger ESRP that is calculated based on the full-time workforce size.
- **Form 1095-C, Part II, Line 14:** This line should include the correct offer code that corresponds to the plan the employer offered. Employers should know the code that applied to their plan and make sure it matches what is being reported in any month that an employee had an offer of coverage.
- **Employee Required Contribution Amount:** This is how the IRS refers to what an employee would pay for self-only coverage each month under the lowest cost minimum value plan that the employer offers.

- Often, this information is reported on Form 1095-C, Part II, Line 15, but employers should ensure that they have provided their reporting vendor with the correct dollar amount.
- **Form 1095-C, Part II, Line 16:** This is the line where an employer uses codes to explain why an ESRP would not be owed (e.g., the employee was enrolled in coverage, the employee declined an offer of affordable coverage, etc.). If there are months without a code in this line, this could spell ESRP exposure for the employer.[1]

### Monitoring Vendor Performance and Support

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With ACA reporting vendors, you typically get what you pay for, and it's important to understand the level of support you should expect to appropriately monitor your vendor's reporting performance. A more budget-friendly tier of service may require the employer to do the bulk of the work in terms of identifying which employees require a Form 1095-C and which codes to report on a Form 1095-C with minimal support from the vendor.

**Most employers outsource ACA reporting to payroll companies, benefits administrators, or specialized vendors. This makes sense—the rules are complex and most forms must be filed electronically. But here's the risk: you're still responsible for the accuracy of your reporting, even if someone else prepares it.**

For employers who have purchased a more comprehensive level of service, they should expect more support from their vendor. Brokers should help their employer clients hold their ACA reporting vendors accountable by asking the following questions:

- **How do you determine which employees should receive a Form 1095-C?** The answer should not be everyone who receives a Form W-2. Only full-time employees and individuals enrolled in self-insured coverage should receive a form.
- **How do you determine full-time employee status?** You should know whether the vendor is using monthly measurement method or look-back measurement method and whether they have aligned reporting to match your plan design.
- **Which affordability safe harbor do you apply and how do you calculate it?** If they are defaulting everyone to the same affordability safe harbor without considering your specific plan design, this could create inaccurate reporting.
- **What quality control processes do you use before filing?** Your vendor should have implemented processes that allow for a review period to catch any errors prior to filing.
- **If the IRS proposes an ESRP because of inaccurate reporting, what is your responsibility?** You should understand if they will provide any support in responding to the 226J letter or reimburse any costs you incur to resolve the matter with outside support. You should also understand whether they will file corrections that the IRS will request as part of the 226J letter response process.

## The Bottom Line

Your 1094-C and 1095-C forms are more than compliance paperwork—they're a detailed statement to the IRS about whether you've met your ACA obligations.

If you're a broker advising clients:

- Make ACA reporting review part of your annual renewal process
- Help clients understand what their forms actually say
- Connect them with competent vendors and hold those vendors accountable
- Position yourself as the quality control layer between the vendor and your client

The IRS is getting more sophisticated in its enforcement. It is cross-referencing Marketplace subsidy data with employer reporting systematically. The days of filing forms and hoping for the best are over.

Your ACA reporting is telling the IRS a story about your company. Make sure it's the right story.

*[1] Not all employers will require a code on line 16 to avoid ESRP exposure. Most notably, employers who report using code 1A do not have to include a code on line 16 because their offer code already communicates that they have offered minimum value coverage that is affordable using the Federal Poverty Line safe harbor.*



ETC, a division of PES Benefits, provides flexible compliance solutions built on industry best practices and deep expertise. By delivering clear guidance, valuable insights, and customized strategies, ETC helps clients stay compliant, control costs, and improve operational efficiency.



# Is It Time for Employers to Pay for Life and Long-Term Care Insurance?

**By Christin Kuretich**

For years, long-term care (LTC) has been a benefit everyone agrees is important - but also one that many employers have been unsure how to address.

Employees worry about it. Employers acknowledge the risk. Brokers explain the need. And yet, in most organizations, life insurance with long-term care riders or hybrid policies largely remain parked in the “voluntary” category, competing for attention with pet insurance and discount programs.

That approach has worked, but it certainly doesn't guarantee that everyone who needs protection gets protection.

Rising care costs, an aging workforce and the absence of meaningful public solutions have created a growing protection gap. As a result, a new question is beginning to surface in benefits conversations:

Should employers be paying for this, not just offering it?

## **The Promise - and Limits - of State Action**

Much of today's conversation can be traced back to Washington state's long-term care legislation.

When [WA Cares launched](#), it sparked national debate about whether states would step in to address the looming long-term care crisis.

At the time, the thinking was clear: if individuals were not preparing for long-term care needs on their own, the government might need to step in and ensure some baseline level of protection. Employers watched closely, unsure whether similar legislation would follow elsewhere.

Years later, the picture looks very different.

Despite significant discussion and attention, broad state-level solutions have not really materialized. Outside of Washington, momentum has stalled. Legislative complexity, political resistance and administrative challenges have made it difficult for states to move from conversation to action.

The result is a familiar pattern: heightened awareness, but little change.

And that leaves employers and employees largely where they started.

### **A Growing Gap in Employee Preparedness**

What **has** changed is the workforce itself.

Employees are living longer. The cost of care continues to rise. More workers find themselves in the “sandwich generation,” balancing careers while caring for aging parents or family members. At the same time, many are beginning to recognize an uncomfortable truth: traditional retirement savings were never designed to absorb extended care expenses.

**For many workers, especially younger ones, long-term care feels abstract or distant. It's easy to postpone, they may not understand the product or they may just miss it amidst all their benefit options – the reasons for waiving are endless**

A 401(k) is meant to fund retirement income—not long-term care. When care needs arise, those savings can be depleted quickly, undermining years of planning and financial security.

So those dollars that the employer contributes to an employee's retirement? They're getting passed along to fund care needs all too often – 70% of people over age 65 will need long-term care.

Employers are also increasingly aware of this risk because the impacts are affecting them directly. They see employees delaying retirement, experiencing financial stress, or stepping away from work to manage caregiving responsibilities. These challenges affect productivity, engagement and long-term planning for many companies.

Despite the obvious need and the growing awareness, when employers offer voluntary life with long-term care options, the rate of enrollment typically doesn't match the rate of people who will need long-term care (70% of those over age 65 according to the Department of Health and Human Services).

Why? Because voluntary benefits rely on employees to act—at the right moment, with the right understanding and the right level of wallet share. For many workers, especially younger ones, long-term care feels abstract or distant. It's easy to postpone, they may not understand the product or they may just miss it amidst all their benefit options – the reasons for waiving are endless.

### **Why Voluntary Alone May Not Be Enough**

Voluntary benefits play an important role, but they come with limitations.

Participation depends on awareness, timing and perceived relevance. Even well-designed voluntary programs can struggle to achieve meaningful penetration, particularly for benefits tied to long-term risks rather than immediate needs.

Employers are starting to question whether relying solely on voluntary enrollment truly addresses the problem—or simply checks a box.

This mirrors earlier shifts in benefits strategy. Health insurance, retirement plans and basic life insurance all began as optional or supplemental offerings before becoming the core components of employer-sponsored benefits they are today.

Long-term care may be approaching a similar inflection point.

### **A New Approach: Employer-Paid Life with Long-Term Care**

Rather than waiting for legislative solutions, some employers are exploring a more proactive stance: offering employer-sponsored life insurance with long-term care features as part of their core benefits package.

This is not about replacing voluntary options. It's about establishing a foundational level of protection that ensures employees have access to coverage—regardless of whether they actively enroll.

In many cases, these programs are designed to supplement existing life insurance benefits, adding long-term care riders or hybrid features that provide flexibility if care is needed later in life.

The appeal is straightforward:

- **Broader coverage:** Employer-paid programs remove participation barriers and ensure more employees are protected.
- **Simplified decision-making:** Employees don't need to predict future care needs or navigate complex choices on their own.

- **Earlier access to support:** Some policies include care coordination and concierge support services that employees can use not only for themselves, but also when caring for family members. These experiences double as a learning tool—people who have provided care are more likely to understand their own need for long-term care in the future.

For employers, this approach reframes long-term care from a niche offering to a strategic investment in workforce stability.

### **Beyond the Policy: Care Support as a Differentiator**

Modern life and long-term care solutions often extend beyond reimbursement. Many include access to care support services—such as care coordination, resource navigation and guidance for family caregivers.

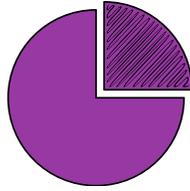
This matters more than ever.

**Employers are starting to question whether relying solely on voluntary enrollment truly addresses the problem—or simply checks a box**

Employees may not need long-term care for themselves today, but many are already supporting parents, spouses or other loved ones. Having access to expert guidance can reduce stress, save time and help employees remain productive at work. In this way, employer-paid coverage becomes relevant far earlier in an employee's career than traditional LTC insurance ever was.



**63 Million** of Americans provide ongoing, complex care today\*



**29% of family caregivers are sandwich caregivers** caring for an adult and a child under 18 at home\*



**57% of family caregivers** report being in a high intensity care situation\*

Several years ago, my dad was diagnosed with dementia and I began my own caregiving journey, serving with my sister as co-guardians. Though his diagnosis wasn't a surprise, we had no idea the amount of time, attention, confusion and stress that would come along with finding the best place for him to live and get care. And he didn't have any supplemental long-term care coverage, so we experienced first-hand what it means to be limited to Medicaid providers and facilities. I spent countless hours both on/off the clock at work trying to navigate a mountain of questions and options, wishing there was some kind of handbook to show me the way. I would've given anything for the support of a caregiving coach and access to resources that would've helped significantly.

### **Recruitment, Retention and a Forward-Thinking Signal**

As competition for talent continues, benefits differentiation remains critical.

Employees are increasingly evaluating employers not just on pay, but on how well they support long-term wellbeing.

Benefits that address real, future-facing risks can set organizations apart—especially for mid-career and experienced workers who are thinking more seriously about retirement and may already be experiencing a caregiving event, like I was.

Offering employer-paid life and long-term care coverage demonstrates foresight. It shows that you are thinking beyond the next open enrollment cycle and investing in the long-term security of your people.

For many employers, that message resonates as strongly as the financial protection itself.

### **Brokers at the Center of the Conversation**

For brokers and advisors, this shift presents an opportunity—and a responsibility.

Clients are asking more nuanced questions. They're less interested in simply expanding voluntary menus and more focused on solving real workforce challenges. Brokers who can frame life and long-term care as part of a broader financial wellness and risk management strategy will be well positioned to lead these conversations.

That means helping employers understand:

- The bigger picture on long-term care, the costs and the risks to their workforce
- How employer-paid options can be structured sustainably
- How these programs integrate with existing life, retirement and wellness offerings

The conversation can evolve from “Should we offer this?” to “How do we make sure our employees are truly protected?”

### **Employers as the New Catalyst**

If the last few years have shown us anything, it’s that waiting for states to solve the long-term care challenge may not be realistic.

That doesn’t mean the problem goes away. Instead, employers may become the next catalyst—stepping in where public solutions have stalled and providing practical, scalable protection for the workforce.

Employer-paid life and long-term care coverage isn’t the right answer for every organization. But for many, it represents a thoughtful, forward-looking response to a risk that is no longer theoretical.

The question is no longer whether employees will face long-term care costs. It’s who will help them prepare.

**Sources:**

\*“[Transforming Family Caregiving Through Data](#)”, [National Allegiance for Caregiving, 2025 Report](#)

**Christin Kuretich - Vice President of Product, Trustmark:** Christin joined Trustmark in 2026. Prior to joining Trustmark, she led the development and product strategy team for Voya's supplemental product portfolio. Christin has a broad and varied background in voluntary benefits, excels at bringing insights from the field, and is known for her market expertise and human-centered approach to product development and problem solving.





# Now That We're All Together

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.***

*"Great things are not done by impulse, but by a series of small things brought together."*

*- Vincent van Gogh*

We are continuing the step-by-step process of creating, building and leading a high-performance relational leadership team following the six principles of Championship Team Behavior. Previously we considered the 1<sup>st</sup> principle: **"We Work Together as Colleagues."** Once committed to the concept of including and respecting the contributions of each member of the team regardless of rank or title, we now need to define a clear framework for how we will conduct ourselves in working together.

## **This month we will explore principle #2: We Don't Practice Case Building When Planning or Executing Business Plans**

This principle emphasizes the importance of getting at and understanding all facets of a situation, opportunity or challenge before making a fully informed decision. Where it makes complete sense for an attorney to focus solely on your case when representing you in a court of law – the validity of a high-performance team's work is jeopardized by the unchallenged representations of a single point of view when deciding on an important decision or action.

Over the years, some have questioned the validity of this principle on the grounds that it is important to encourage team members to be passionate and committed to their position. Passion and commitment are very important but only if combined with a full understanding of all the facts.

Case building can cripple or even destroy a high-performance team's achievement in both the planning and executing phases of business plans. Here are a couple of examples:

### **Negative Impact of Case Building During the Planning Phase**

Several years ago, I attended a marketing conference where the keynote speaker told the story of a consumer electronics company that was looking for a way to increase their market penetration. They decided on a business goal to increase their sales among the Latino community. A team was created to undertake the process of developing and implementing a successful business plan.

After much thought and discussion, they decided to choose one major city with a large Latino population to implement the new program before rolling it out to the rest of the country. They ultimately chose Miami, Florida because of its large and influential Latino population. They conducted a multi-million dollar coordinated marketing campaign of billboard, newspaper, magazine, radio and television advertising targeted to raising awareness and driving sales during a focused limited time promotion.

Sadly, the campaign failed miserably, embarrassing the team and the entire company.

Why?

They centered their campaign around the theme of celebrating Cinco de Mayo. Now Cinco de Mayo is a popular annual celebration of an 1862 military victory by outmanned Mexican troops facing a superior French army in the Battle of Puebla, Mexico. Since the Latino community in Miami is predominantly Cuban - they don't celebrate Cinco de Mayo. So the entire promotion failed to attract enough valuable attention because it was meaningless to them.

**Case building can cripple or even destroy a high-performance team's achievement in both the planning and executing phases of business plans**

In all their hard work in planning and implementing the new program, the team had failed to get all the important facts prior to making some critically important decisions. They stopped their consideration at the case building argument of a single perspective rather than digging down to consider more than one idea. This can also be referred to as "short thinking" which happens more often than we often imagine. As you can clearly see, case building can be very expensive in the planning stage.

### **Negative Impact of Case Building in the Implementation of Business Plans**

As an employee benefits carrier, we relied upon independent brokers to market our products. It made sense then that we were very careful not to side with one broker over another on any particular case. It was not unusual for 2 or more of the brokers who represented us to be competing for the same case.

Our policy was to respect the employers' right to choose which broker they wanted to have represent them.

A major national employer was considering moving their existing plans to our products. It was an intensely competitive situation and we were anxiously anticipating the outcome hoping it would be in our favor.

One of our Regional Vice Presidents approached me with a request from one of the brokers he worked with who was competing for the case. He told me that his broker controlled the case (this was a red flag warning that I missed) and needed a reasonable concession on our part to close the deal. It was the type of concession we often made in cases of this magnitude and, without thinking about potential collateral implications, I approved the concession.

As it turned out, that broker did not control the case and another of our excellent brokers was competing for it. He became very angry that his competitor received a concession that his company did not. He accused us, rightfully, of favoritism.

No wonder that this severely strained our relationship with the other broker and it took a long time before he gave us another opportunity to bid on a case. We had clearly lost the trust of his organization.

To make matters worse, I found out, after the fact, that this particular Vice President was known to have a reputation for making one-sided case building recommendations.

**Tolerating case building - the presentment of one-sided recommendations - causes damage to a high-performance team in several ways:**

- **Faulty decision-making reducing confidence in team's effectiveness**
- **Discouragement of dissenting opinions by other team members**
- **Destruction of trust internally and externally**
- **Increased likelihood of internal conflict**
- **Development of blind spots in the team's consideration of other challenges**
- **Disruption of the team's operational effectiveness.**



As you are building and leading your team, be aware of how easy it is to succumb to the risk of case building. And remember, it can be the result of an individual's intended actions or the mistake of an entire team. Either one can knock a high-performance team right off the track.

Next month we will consider the danger of blaming and its' impact on high-performance teams. In the meantime, feel free to reach out to discuss any questions you may have or relational leadership challenges you are facing.



**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.

## **RELATIONAL LEADERSHIP EXPERIENCE**

**The Voluntary Benefits Industry is enjoying unprecedented growth. Your products help employers attract and keep the right employees.**

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