## **Premium Worksheet**

**VOLUNTARY SHORT TERM DISABILITY INSURANCE** 



Rates and/or benefits may be changed on a class basis. Rates are based on the employee's age and increase as you enter each new age category.

Monthly Premi	ium Amour	nt (Cost pe	r Pay Perio	od – 12/Yea	ır)								
To calculate your m	nonthly premi	ium amount,	use the follo	owing formu	ıla.								
÷ 52 =			x 60% =			÷ 10 =		X	\$0.8500		:		
Your Annual Your Weekly Earnings Earnings			Weekly Benefit Max = \$500					Rate	e	Premiu	m Amount		
5962e NS 07/21 . Disabi	lity Form Series	includes GBD-	1000, GBD-120	0, or state equiv	valent.								
SUPPLEME Monthly Premi						TH & DIS	SMEMBEI	RMENT (	AD&D) I	NSURAN	ICE		
Age	Under 19	19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.0640	\$0.0960	\$0.0960	\$0.0960	\$0.1060	\$0.1480	\$0.2010	\$0.3170	\$0.4860	\$0.7390	\$1.3400	\$2.7000	\$5.4310
To calculate your	monthly pre			•									
		÷\$	51,000				Х			= _			
Benefit Amount								Rate Premium Amount					
SPOUSE/PA	RTNER	SUPPLE	MENTAL	TERM L	IFE AND	ACCID	ENTAL D	EATH &	DISMEM	BERMEN	NT (AD&	D) INSUF	RANCE
Monthly Premi													
Benefit	Under 19	19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
¢40,000	<u></u>	ቀስ ሰስ	ድር ርር	ድር ርር	¢4.00	<b>₾4 E4</b>	<u></u>	ቀኃ ኃሳ	¢4.00	<b>₾7.4</b> Ω	MAD 40	ሰባ7 ሰባ	ΦE4.24

SPOUSE/PARTNER SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE													
Monthly Premium Amount (Cost per Pay Period – 12/Year)													
Benefit	Under 19	19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.67	\$0.99	\$0.99	\$0.99	\$1.09	\$1.51	\$2.04	\$3.20	\$4.89	\$7.42	\$13.43	\$27.03	\$54.34
\$20,000	\$1.34	\$1.98	\$1.98	\$1.98	\$2.18	\$3.02	\$4.08	\$6.40	\$9.78	\$14.84	\$26.86	\$54.06	\$108.68
\$30,000	\$2.01	\$2.97	\$2.97	\$2.97	\$3.27	\$4.53	\$6.12	\$9.60	\$14.67	\$22.26	\$40.29	\$81.09	\$163.02
\$40,000	\$2.68	\$3.96	\$3.96	\$3.96	\$4.36	\$6.04	\$8.16	\$12.80	\$19.56	\$29.68	\$53.72	\$108.12	\$217.36
\$50,000	\$3.35	\$4.95	\$4.95	\$4.95	\$5.45	\$7.55	\$10.20	\$16.00	\$24.45	\$37.10	\$67.15	\$135.15	\$271.70
\$60,000	\$4.02	\$5.94	\$5.94	\$5.94	\$6.54	\$9.06	\$12.24	\$19.20	\$29.34	\$44.52	\$80.58	\$162.18	\$326.04
\$70,000	\$4.69	\$6.93	\$6.93	\$6.93	\$7.63	\$10.57	\$14.28	\$22.40	\$34.23	\$51.94	\$94.01	\$189.21	\$380.38
\$80,000	\$5.36	\$7.92	\$7.92	\$7.92	\$8.72	\$12.08	\$16.32	\$25.60	\$39.12	\$59.36	\$107.44	\$216.24	\$434.72
\$90,000	\$6.03	\$8.91	\$8.91	\$8.91	\$9.81	\$13.59	\$18.36	\$28.80	\$44.01	\$66.78	\$120.87	\$243.27	\$489.06
\$100,000	\$6.70	\$9.90	\$9.90	\$9.90	\$10.90	\$15.10	\$20.40	\$32.00	\$48.90	\$74.20	\$134.30	\$270.30	\$543.40

CHILD(REN) SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE  Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Benefit	Cost For Each	_	Number of	-	Cost For All	Benefit	Cost For Each	>	Number of	_	Cost For All	
Amount	Child	^	Covered Children	1	Children	Amount	Child	Χ	Covered Children		Children	
\$1,000	\$0.16	Х		=		\$6,000	\$0.95	Х		=		
\$2,000	\$0.32	Х		=		\$7,000	\$1.11	Х		=		
\$3,000	\$0.48	Х		=		\$8,000	\$1.27	Х		=		
\$4,000	\$0.64	Х		=		\$9,000	\$1.43	Χ		=		
\$5,000	\$0.80	Х		=		\$10,000	\$1.59	Х		=		

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

## The Buck's Got Your Back®

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