

Premium Worksheet



Rates and/or benefits may be changed on a class basis.

VOLUNTARY LONG TERM DISABILITY INSURANCE Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)

To calculate your semi-monthly premium amount, use the following formula.

$$\frac{\text{Your Annual Earnings}}{\text{Maximum} = \$160,000} \div 12 = \frac{\text{Your Monthly Earnings}}{\text{Your Monthly Earnings}} \div 100 = \text{Rate} \times \$0.3190 = \text{Premium Amount}$$

5962e NS 07/21. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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