

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) | | | |
| Options | Option 1 | Option 2 | Option 3 |
| Rates | \$0.4060 | \$0.4230 | \$0.5280 |

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

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \div 12 = & \underline{\hspace{2cm}} & \div 100 = & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 \text{Your Annual Earnings} & & \text{Your Monthly Earnings} & & & & \text{Rate} & & \text{Premium Amount} \\
 \text{Maximum} = \$160,000 & & & & & & & &
 \end{array}$$

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

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