

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	\$0.3190	\$0.4360	\$0.6315

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

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

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

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