

Premium Worksheet



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.

VOLUNTARY LONG TERM DISABILITY INSURANCE												
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)												
Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rates	\$0.1920	\$0.2045	\$0.2115	\$0.2225	\$0.2395	\$0.2665	\$0.3100	\$0.3610	\$0.3850	\$0.4090	\$0.4090	\$0.4090
Option 2 Rates	\$0.8600	\$0.8970	\$0.9110	\$0.9505	\$1.0265	\$1.1705	\$1.4160	\$1.8080	\$2.1350	\$2.5665	\$2.5665	\$2.5665

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

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

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

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