

PREMIUM WORKSHEET



Rates and/or benefits can change.

VOLUNTARY LONG TERM DISABILITY INSURANCE			
Monthly Premium Amount (Cost per Pay Period – 12/Year)			
Options	Option 1	Option 2	Option 3
Rates	\$0.6380	\$0.8720	\$1.2630

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

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

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.