

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.

DisabilityFLEX® (VOLUNTARY SHORT TERM DISABILITY INSURANCE)					
Maximum Benefit Amount Based on Annual Earnings					
If the amount of your annual earnings are:	Your election cannot exceed the maximum weekly benefit amount of:	If the amount of your annual earnings are:	Your election cannot exceed the maximum weekly benefit amount of:	If the amount of your annual earnings are:	Your election cannot exceed the maximum weekly benefit amount of:
\$43,333 - \$51,999	\$500	\$95,333 - \$103,999	Up to \$1,100	\$147,333 - \$155,999	Up to \$1,700
\$52,000 - \$60,666	Up to \$600	\$104,000 - \$112,666	Up to \$1,200	\$156,000 - \$164,666	Up to \$1,800
\$60,667 - \$69,332	Up to \$700	\$112,667 - \$121,332	Up to \$1,300	\$164,667 - \$173,332	Up to \$1,900
\$69,333 - \$77,999	Up to \$800	\$121,333 - \$129,999	Up to \$1,400	More than \$173,000	Up to \$2,000
\$78,000 - \$86,666	Up to \$900	\$130,000 - \$138,666	Up to \$1,500		
\$86,667 - \$95,332	Up to \$1,000	\$138,667 - \$147,332	Up to \$1600		

DisabilityFLEX® (VOLUNTARY SHORT TERM DISABILITY INSURANCE)									
Monthly Premium Amount (Cost per Pay Period – 12/Year)									
Premiums are based on the employee's current age and increase as the employee enters each new age category.									
Weekly Benefit	Under Age 35	Age 35-49	Age 50-59	Age 60+	Weekly Benefit	Under Age 35	Age 35-49	Age 50-59	Age 60+
\$500	\$42.15	\$27.95	\$20.35	\$37.25	\$1,300	\$109.59	\$72.67	\$52.91	\$96.85
\$600	\$50.58	\$33.54	\$24.42	\$44.70	\$1,400	\$118.02	\$78.26	\$56.98	\$104.30
\$700	\$59.01	\$39.13	\$28.49	\$52.15	\$1,500	\$126.45	\$83.85	\$61.05	\$111.75
\$800	\$67.44	\$44.72	\$32.56	\$59.60	\$1,600	\$134.88	\$89.44	\$65.12	\$119.20
\$900	\$75.87	\$50.31	\$36.63	\$67.05	\$1,700	\$143.31	\$95.03	\$69.19	\$126.65
\$1,000	\$84.30	\$55.90	\$40.70	\$74.50	\$1,800	\$151.74	\$100.62	\$73.26	\$134.10
\$1,100	\$92.73	\$61.49	\$44.77	\$81.95	\$1,900	\$160.17	\$106.21	\$77.33	\$141.55
\$1,200	\$101.16	\$67.08	\$48.84	\$89.40	\$2,000	\$168.60	\$111.80	\$81.40	\$149.00

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

VOLUNTARY CRITICAL ILLNESS INSURANCE								
Monthly Premium Amount (Cost per Pay Period – 12/Year)								
Premiums are based on the employee's current age and increase as the employee enters each new age category.								
Benefit Amount	Coverage Tier	Under 29	30-39	40-49	50-59	60-69	70-79	80+
\$10,000	Employee Only	\$2.37	\$3.98	\$8.94	\$18.29	\$36.18	\$63.86	\$80.33
	Employee & Spouse/Partner	\$3.55	\$5.97	\$13.56	\$28.13	\$55.88	\$98.27	\$123.54
	Employee & Child(ren)	\$3.02	\$4.62	\$9.58	\$18.93	\$36.83	\$64.50	\$80.97
	Employee & Family	\$4.30	\$6.71	\$14.31	\$28.88	\$56.63	\$99.02	\$124.29
\$15,000	Employee Only	\$3.55	\$5.95	\$13.36	\$27.33	\$54.05	\$95.46	\$120.12
	Employee & Spouse/Partner	\$5.29	\$8.90	\$20.24	\$41.97	\$83.34	\$146.69	\$184.53
	Employee & Child(ren)	\$4.51	\$6.90	\$14.32	\$28.28	\$55.01	\$96.42	\$121.08
	Employee & Family	\$6.41	\$10.01	\$21.36	\$43.08	\$84.45	\$147.81	\$185.64
\$20,000	Employee Only	\$4.72	\$7.91	\$17.78	\$36.36	\$71.92	\$127.06	\$159.92
	Employee & Spouse/Partner	\$7.04	\$11.83	\$26.92	\$55.81	\$110.80	\$195.12	\$245.51
	Employee & Child(ren)	\$5.99	\$9.19	\$19.05	\$37.64	\$73.20	\$128.33	\$161.19
	Employee & Family	\$8.52	\$13.31	\$28.41	\$57.29	\$112.28	\$196.60	\$247.00

5962f NS 07/21 Critical Illness Form Series includes GBD-1700, GBD-1701, or state equivalent.

VOLUNTARY ACCIDENT INSURANCE

Monthly Premium Amount (Cost per Pay Period – 12/Year)

COVERAGE TIER	PLAN
Employee Only	\$10.16 (\$0.33 per day)
Employee & Spouse/Partner	\$16.01 (\$0.53 per day)
Employee & Child(ren)	\$17.54 (\$0.58 per day)
Employee & Family	\$27.36 (\$0.90 per day)

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Monthly Premium Amount (Cost per Pay Period – 12/Year)

COVERAGE TIER	PLAN
Employee Only	\$23.25 (\$0.76 per day)
Employee & Spouse/Partner	\$43.28 (\$1.42 per day)
Employee & Child(ren)	\$37.85 (\$1.24 per day)
Employee & Family	\$60.29 (\$1.98 per day)

5962h NS 07/21 Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

The Buck's Got Your Back®

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