

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 SHORT TERM DISABILITY INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/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	\$0.9860	\$1.1320	\$1.3510	\$0.8310	\$0.4360	\$0.5830	\$0.3220	\$0.5590	\$0.7180	\$1.2040	\$1.2040	\$1.2040

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

$$\begin{array}{ccccccc}
 \text{Your Annual Earnings} & \div 52 = & \text{Your Weekly Earnings} & \times 66.67\% = & \text{Weekly Benefit Max} & \div 10 = & \text{Rate} \\
 & & & & = \$1,000 & & \\
 & & & & & \times & = \text{Premium Amount}
 \end{array}$$

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

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