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.

_____	÷ 52 =	_____	x 66.67% =	_____	÷ 10 =	_____	x	_____	=	_____	
Your Annual Earnings		Your Weekly Earnings		Weekly Benefit Max = $1,000				Rate		Premium Amount	

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

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