

# 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												
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	\$0.1330	\$0.1800	\$0.1190	\$0.2940	\$0.4350	\$0.6080	\$0.8040	\$0.9470	\$0.9330	\$0.9980	\$0.9980	\$0.9980

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

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

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

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