

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

Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)

To calculate your bi-weekly premium amount, use the following formula.

$$\frac{\text{Your Annual Earnings}}{\div 52} = \frac{\text{Your Weekly Earnings}}{\text{Weekly Benefit Max}} \times 70\% = \frac{\text{Weekly Benefit Max}}{= \$3,500} \div 10 = \text{Rate} \times \$0.0849 = \text{Premium Amount}$$

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

VOLUNTARY CRITICAL ILLNESS INSURANCE

Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)

Benefit Amount	Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$1.38	\$1.66	\$1.86	\$2.36	\$3.33	\$5.13	\$7.11	\$9.66	\$13.53	\$18.54	\$12.56	\$16.39
	Employee & Spouse/Partner	\$2.24	\$2.66	\$2.96	\$3.73	\$5.22	\$8.00	\$11.07	\$15.04	\$21.02	\$28.68	\$19.49	\$25.31
	Employee & Child(ren)	\$2.10	\$2.37	\$2.57	\$3.08	\$4.05	\$5.85	\$7.83	\$10.38	\$14.24	\$19.26	\$13.08	\$16.91
	Employee & Family	\$3.07	\$3.49	\$3.80	\$4.56	\$6.05	\$8.84	\$11.91	\$15.88	\$21.85	\$29.51	\$20.10	\$25.91

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

VOLUNTARY ACCIDENT INSURANCE

Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)

COVERAGE TIER	OPTION 1
Employee Only	\$4.83 (\$0.34 per day)
Employee & Spouse/Partner	\$7.62 (\$0.54 per day)
Employee & Child(ren)	\$8.26 (\$0.59 per day)
Employee & Family	\$12.92 (\$0.92 per day)

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

VOLUNTARY TERM LIFE INSURANCE

Bi-weekly Premium Amount (Cost per Pay Period – 26/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+
Rate	\$0.0323	\$0.0323	\$0.0369	\$0.0415	\$0.0738	\$0.1200	\$0.1754	\$0.2723	\$0.3554	\$0.5862	\$1.2000	\$1.2000

To calculate your bi-weekly premium amount, use the following formula.

$$\frac{\text{Benefit Amount}}{\div \$1,000} \times \text{Rate} = \text{Premium Amount}$$

SPOUSE/PARTNER VOLUNTARY TERM LIFE INSURANCE**Bi-weekly Premium Amount** (Cost per Pay Period – 26/Year)

Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.14	\$0.14	\$0.18	\$0.21	\$0.30	\$0.51	\$0.88	\$1.45	\$1.92	\$3.02	\$5.52	\$5.52
\$10,000	\$0.28	\$0.28	\$0.37	\$0.42	\$0.60	\$1.02	\$1.75	\$2.91	\$3.83	\$6.05	\$11.03	\$11.03
\$15,000	\$0.42	\$0.42	\$0.55	\$0.62	\$0.90	\$1.52	\$2.63	\$4.36	\$5.75	\$9.07	\$16.55	\$16.55
\$20,000	\$0.55	\$0.55	\$0.74	\$0.83	\$1.20	\$2.03	\$3.51	\$5.82	\$7.66	\$12.09	\$22.06	\$22.06
\$25,000	\$0.69	\$0.69	\$0.92	\$1.04	\$1.50	\$2.54	\$4.38	\$7.27	\$9.58	\$15.12	\$27.58	\$27.58

CHILD(REN) VOLUNTARY TERM LIFE INSURANCE**Bi-weekly Premium Amount** (Cost per Pay Period – 26/Year)

Benefit Amount	Cost For Each Child	x	Number of Covered Children	=	Cost For All Children
\$10,000	\$0.92	x		=	

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE**Bi-weekly Premium Amount** (Cost per Pay Period – 26/Year)

COVERAGE TIER	PLAN 1
Employee Only	\$5.79 (\$0.41 per day)
Employee & Spouse/Partner	\$12.20 (\$0.87 per day)
Employee & Child(ren)	\$11.01 (\$0.78 per day)
Employee & Family	\$18.28 (\$1.30 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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