

Premium Worksheet



Rates and/or benefits may be changed on a class basis.

LONG TERM DISABILITY INSURANCE Monthly Premium Amount (Cost per Pay Period – 12/Year)

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

$$\begin{array}{ccccccc} \underline{\hspace{2cm}} & \div 12 = & \underline{\hspace{2cm}} & \div 100 = & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\ \text{Your Annual Earnings} & & \text{Your Monthly} & & & & \text{Rate} & & \text{Premium Amount} \\ \text{Maximum =} & & \text{Earnings} & & & & & & \\ \$325,000 & & & & & & & & \end{array}$$

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

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