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.

_____	÷ 12 =	_____	÷ 100 =	_____	x	$0.3000	=	_____
Your Annual Earnings Maximum = $325,000		Your Monthly Earnings				Rate		Premium Amount

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

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