Premium Worksheet

THE HARTFORD

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

SHORT TERM DISABILITY INSURANCE

Monthly Premium Amount (Cost per Pay Period – 12/Year)

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

______	÷ 52 =	______	x60% =	______	÷ 10 =	______	x	$0.2600	=	______
Your Annual Earnings		Your Weekly Earnings		Weekly Benefit Max = $1,730				Rate		Premium Amount

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

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