

Premium Worksheet



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.

$$\begin{array}{ccccccc} \div 52 = & & \times 60\% = & & \div 10 = & & \times \$0.2600 = \\ \hline \text{Your Annual} & & \text{Your Weekly} & & \text{Weekly Benefit} & & \\ \text{Earnings} & & \text{Earnings} & & \text{Max} = \$1,730 & & \text{Premium} \\ & & & & & & \text{Amount} \end{array}$$

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

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