

Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

LONG TERM DISABILITY INSURANCE

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

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

$$\frac{\text{Your Annual Earnings Maximum} = \$120,000}{\div 12} = \frac{\text{Your Monthly Earnings}}{\div 100} = \text{Rate} \times \$0.1490 = \text{Premium Amount} \times 100\%$$

5962e NS 08/16 © 2016.The Hartford Financial Services Group, Inc. All rights reserved. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

VOLUNTARY CRITICAL ILLNESS INSURANCE

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

NON-TOBACCO USER

Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$5,000	Employee Only	\$1.63	\$1.87	\$2.02	\$2.40	\$3.15	\$4.49	\$5.93	\$7.84	\$10.90	\$15.02	\$10.69	\$13.98
	Employee & Spouse	\$2.77	\$3.15	\$3.38	\$3.95	\$5.12	\$7.21	\$9.44	\$12.42	\$17.16	\$23.43	\$16.80	\$21.78
	Employee & Child(ren)	\$3.61	\$3.72	\$3.62	\$3.87	\$4.49	\$5.81	\$7.21	\$9.11	\$12.16	\$16.28	\$11.64	\$14.93
	Employee & Family	\$5.09	\$5.31	\$5.25	\$5.66	\$6.68	\$8.75	\$10.93	\$13.90	\$18.63	\$24.90	\$17.91	\$22.89
\$10,000	Employee Only	\$2.55	\$2.99	\$3.24	\$4.00	\$5.45	\$8.09	\$10.95	\$14.77	\$20.89	\$29.12	\$20.47	\$27.04
	Employee & Spouse	\$4.16	\$4.82	\$5.21	\$6.34	\$8.55	\$12.64	\$17.07	\$23.01	\$32.51	\$45.04	\$31.78	\$41.75
	Employee & Child(ren)	\$4.53	\$4.83	\$4.85	\$5.47	\$6.79	\$9.41	\$12.23	\$16.04	\$22.15	\$30.38	\$21.42	\$27.99
	Employee & Family	\$6.47	\$6.97	\$7.08	\$8.05	\$10.12	\$14.17	\$18.56	\$24.50	\$33.98	\$46.51	\$32.88	\$42.86
\$20,000	Employee Only	\$4.39	\$5.21	\$5.70	\$7.21	\$10.05	\$15.29	\$21.00	\$28.62	\$40.87	\$57.33	\$40.02	\$53.17
	Employee & Spouse	\$6.92	\$8.14	\$8.88	\$11.11	\$15.43	\$23.49	\$32.34	\$44.21	\$63.20	\$88.26	\$61.74	\$81.68
	Employee & Child(ren)	\$6.37	\$7.06	\$7.31	\$8.67	\$11.39	\$16.61	\$22.28	\$29.90	\$42.13	\$58.59	\$40.97	\$54.12
	Employee & Family	\$9.24	\$10.29	\$10.75	\$12.82	\$16.99	\$25.02	\$33.83	\$45.70	\$64.67	\$89.73	\$62.84	\$82.78

VOLUNTARY CRITICAL ILLNESS INSURANCE

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

TOBACCO USER

Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$5,000	Employee Only	\$1.71	\$2.03	\$2.29	\$2.92	\$4.21	\$6.77	\$9.81	\$13.92	\$20.63	\$30.28	\$20.83	\$24.86
	Employee & Spouse	\$2.89	\$3.40	\$3.81	\$4.77	\$6.78	\$10.80	\$15.49	\$21.87	\$32.23	\$47.00	\$32.53	\$38.72
	Employee & Child(ren)	\$3.69	\$3.88	\$3.90	\$4.39	\$5.55	\$8.09	\$11.09	\$15.20	\$21.89	\$31.54	\$21.78	\$25.81
	Employee & Family	\$5.21	\$5.55	\$5.68	\$6.48	\$8.35	\$12.33	\$16.98	\$23.35	\$33.70	\$48.47	\$33.63	\$39.83

\$10,000	Employee Only	\$2.70	\$3.30	\$3.80	\$5.05	\$7.57	\$12.65	\$18.71	\$26.94	\$40.35	\$59.61	\$40.74	\$48.81
	Employee & Spouse	\$4.40	\$5.31	\$6.08	\$7.98	\$11.88	\$19.81	\$29.17	\$41.92	\$62.65	\$92.18	\$63.23	\$75.62
	Employee & Child(ren)	\$4.69	\$5.15	\$5.41	\$6.52	\$8.91	\$13.96	\$19.99	\$28.21	\$41.61	\$60.90	\$41.69	\$49.76
	Employee & Family	\$6.71	\$7.46	\$7.95	\$9.69	\$13.45	\$21.34	\$30.67	\$43.41	\$64.12	\$93.65	\$64.34	\$76.73
\$20,000	Employee Only	\$4.70	\$5.84	\$6.81	\$9.30	\$14.28	\$24.40	\$36.51	\$52.96	\$79.79	\$118.37	\$80.57	\$96.71
	Employee & Spouse	\$7.40	\$9.12	\$10.62	\$14.38	\$22.08	\$37.82	\$56.54	\$82.03	\$123.48	\$182.54	\$124.65	\$149.43
	Employee & Child(ren)	\$6.68	\$7.69	\$8.42	\$10.76	\$15.62	\$25.71	\$37.79	\$54.23	\$81.05	\$119.63	\$81.52	\$97.66
	Employee & Family	\$9.71	\$11.28	\$12.49	\$16.09	\$23.65	\$39.35	\$58.04	\$83.51	\$124.95	\$184.01	\$125.75	\$150.53

5962f NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. Critical Illness Form Series includes GBD-1700, GBD-1701, or state equivalent.

VOLUNTARY ACCIDENT INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
COVERAGE TIER	Plan 2
Employee Only	\$6.29 (\$0.21 per day)
Employee & Spouse	\$9.93 (\$0.33 per day)
Employee & Child(ren)	\$10.73 (\$0.35 per day)
Employee & Family	\$16.82 (\$0.55 per day)

5962g NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/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+
\$25,000	\$1.60	\$1.35	\$1.43	\$1.75	\$2.35	\$3.50	\$5.25	\$7.35	\$9.38	\$13.23	\$22.20	\$60.35
\$50,000	\$3.20	\$2.70	\$2.85	\$3.50	\$4.70	\$7.00	\$10.50	\$14.70	\$18.75	\$26.45	\$44.40	\$120.70
\$75,000	\$4.80	\$4.05	\$4.28	\$5.25	\$7.05	\$10.50	\$15.75	\$22.05	\$28.13	\$39.68	\$66.60	\$181.05
\$100,000	\$6.40	\$5.40	\$5.70	\$7.00	\$9.40	\$14.00	\$21.00	\$29.40	\$37.50	\$52.90	\$88.80	\$241.40

SPOUSE SUPPLEMENTAL TERM LIFE INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/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+
\$5,000	\$0.22	\$0.16	\$0.18	\$0.25	\$0.39	\$0.64	\$1.02	\$1.48	\$1.93	\$2.78	\$4.75	\$13.15

CHILD(REN) SUPPLEMENTAL TERM LIFE INSURANCE						
Monthly Premium Amount (Cost per Pay Period – 12/Year)						
Benefit Amount	Cost For Each Child	x	Number of Covered Children	=	Cost For All Children	
\$2,500	\$0.11	x		=		

5962a NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

Prepare. Protect. Prevail. With The Hartford.®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.