

PREMIUM WORKSHEET



Rates and/or benefits can change.

VOLUNTARY LONG TERM DISABILITY INSURANCE					
Monthly Premium Amount (Cost per Pay Period – 12/Year)					
Options	Option 1: Benefits Begin After 14 th day	Option 2: Benefits Begin After 30 th day	Option 3: Benefits Begin After 60 th day	Option 4: Benefits Begin After 90 th day	Option 5: Benefits Begin After 180 th days
Rates	\$3.5800	\$2.9600	\$2.0200	\$1.7400	\$1.3500

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

$$\frac{\text{Your Annual Earnings}}{\div 12} = \frac{\text{Your Monthly Earnings}}{\div 12} \times 66.67\% = \frac{\text{Monthly Benefit Max}}{= \$7,500} \div 100 = \frac{\text{Monthly Benefit Max}}{= \$7,500} \times \frac{\text{Rate}}{\text{Rate}} = \frac{\text{Premium Amount}}{\text{Premium Amount}}$$

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.

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.