Premium Worksheet



Rates and/or benefits can change.

o calculate your monthly	premium amount, u	se the followir	ng formula.						
÷ 52 =		x60% =		÷ 10 =	х	\$0.2200	x 100% =		=
Your Annual Earnings	Your Weekly Earnings		Weekly Benefit Max = \$1,000			Rate			Premiun Amount
LONG TERM DIS	ABILITY INSU	JRANCE		Form Series includes	GBD-1000, GBD-120	00, or state equival	ent.		
LONG TERM DIS	ABILITY INSU	JRANCE		Form Series includes	GBD-1000, GBD-120	00, or state equival	ent.		
LONG TERM DIS Monthly Premium Ar	ABILITY INSU nount (Cost per l	JRANCE Pay Period –	12/Year)		GBD-1000, GBD-120	10, or state equival	ent.		
LONG TERM DIS Monthly Premium Ar	ABILITY INSU nount (Cost per l ly premium amou	JRANCE Pay Period – int, use the fo	12/Year)		GBD-1000, GBD-120	00, or state equival	ent.	_ x 100% =	

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