

# VOLUNTARY GROUP SHORT TERM DISABILITY



## PREMIUM RATE GRID

## INCREMENTAL PURCHASE

[NORTHWEST OTOLARYNGOLOGY - #F010676](#)

### Eligibility

You are eligible to enroll if you work the minimum number of hours per week required by your employer, and you have satisfied any waiting period.

### Benefit Schedule

You may choose a weekly benefit amount from \$100 to \$750 in \$50 increments, not to exceed 60% of weekly earnings\*.

### Maximum Benefit Duration

13 weeks or until LTD begins, whichever is earlier

### Elimination Period

14 days accident - 14 days sickness

### Monthly Premium Cost

Based on 12 payroll deductions per year

If your annual salary is at least      You may select a weekly benefit of

		39+	40-49	50-59	60+
\$ 8,665	\$ 100	\$9.70	\$8.80	\$11.70	\$16.60
\$ 13,000	\$ 150	\$ 14.55	\$ 13.20	\$ 17.55	\$ 24.90
\$ 17,330	\$ 200	\$ 19.40	\$ 17.60	\$ 23.40	\$ 33.20
\$ 21,665	\$ 250	\$ 24.25	\$ 22.00	\$ 29.25	\$ 41.50
\$ 26,000	\$ 300	\$ 29.10	\$ 26.40	\$ 35.10	\$ 49.80
\$ 30,330	\$ 350	\$ 33.95	\$ 30.80	\$ 40.95	\$ 58.10
\$ 34,665	\$ 400	\$ 38.80	\$ 35.20	\$ 46.80	\$ 66.40
\$ 39,000	\$ 450	\$ 43.65	\$ 39.60	\$ 52.65	\$ 74.70
\$ 43,330	\$ 500	\$ 48.50	\$ 44.00	\$ 58.50	\$ 83.00
\$ 47,665	\$ 550	\$ 53.35	\$ 48.40	\$ 64.35	\$ 91.30
\$ 52,000	\$ 600	\$ 58.20	\$ 52.80	\$ 70.20	\$ 99.60
\$ 56,330	\$ 650	\$ 63.05	\$ 57.20	\$ 76.05	\$ 107.90
\$ 60,665	\$ 700	\$ 67.90	\$ 61.60	\$ 81.90	\$ 116.20
\$ 65,000	\$ 750	\$ 72.75	\$ 66.00	\$ 87.75	\$ 124.50

\*Weekly Earnings means your weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay, or any extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date disability begins.

The information provided is only a summary of the benefits available. Refer to a certificate for details and limitations of coverage (Policy number FDL-510-107)

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