

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.

VOLUNTARY SHORT TERM DISABILITY INSURANCE												
Semi-monthly Premium Amount (Cost per Pay Period – 24/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+
Rates	\$0.6755	\$0.5935	\$0.4845	\$0.3795	\$0.3140	\$0.3420	\$0.3855	\$0.4300	\$0.4665	\$0.5140	\$0.5140	\$0.5140

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

$$\frac{\text{Your Annual Earnings}}{\div 52} = \frac{\text{Your Weekly Earnings}}{\text{Weekly Benefit Max = \$1,000}} \times 60\% = \frac{\text{Weekly Benefit Max}}{\div 10} = \text{Rate} \times \text{Rate} = \text{Premium Amount}$$

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VOLUNTARY LONG TERM DISABILITY INSURANCE												
Semi-monthly Premium Amount (Cost per Pay Period – 24/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+
Rates	\$0.0480	\$0.0510	\$0.1070	\$0.1370	\$0.2760	\$0.3255	\$0.4710	\$0.5080	\$0.4840	\$0.2905	\$0.2905	\$0.2905

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

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

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VOLUNTARY CRITICAL ILLNESS INSURANCE													
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)													
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
\$10,000	Employee Only	\$1.83	\$2.18	\$2.42	\$3.07	\$4.31	\$6.62	\$9.16	\$12.44	\$17.40	\$23.84	\$16.12	\$20.98
	Employee & Spouse	\$2.98	\$3.51	\$3.88	\$4.85	\$6.75	\$10.34	\$14.28	\$19.38	\$27.07	\$36.89	\$25.03	\$32.41
	Employee & Child(ren)	\$3.23	\$3.48	\$3.55	\$4.10	\$5.25	\$7.54	\$10.06	\$13.33	\$18.29	\$24.73	\$16.79	\$21.64
	Employee & Family	\$4.61	\$5.03	\$5.20	\$6.05	\$7.85	\$11.41	\$15.33	\$20.42	\$28.10	\$37.92	\$25.81	\$33.18
\$20,000	Employee Only	\$3.16	\$3.83	\$4.30	\$5.58	\$8.02	\$12.61	\$17.69	\$24.24	\$34.17	\$47.05	\$31.61	\$41.32
	Employee & Spouse	\$4.99	\$5.98	\$6.68	\$8.60	\$12.34	\$19.43	\$27.30	\$37.50	\$52.88	\$72.52	\$48.80	\$63.56
	Employee & Child(ren)	\$4.56	\$5.13	\$5.43	\$6.61	\$8.97	\$13.54	\$18.59	\$25.13	\$35.05	\$47.94	\$32.27	\$41.99
	Employee & Family	\$6.62	\$7.50	\$8.00	\$9.81	\$13.44	\$20.51	\$28.35	\$38.54	\$53.91	\$73.55	\$49.58	\$64.33

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VOLUNTARY ACCIDENT INSURANCE

Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)

COVERAGE TIER	PLAN 1
Employee Only	\$6.41 (\$0.42 per day)
Employee & Spouse	\$10.06 (\$0.66 per day)
Employee & Child(ren)	\$10.58 (\$0.70 per day)
Employee & Family	\$16.67 (\$1.10 per day)

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VOLUNTARY TERM LIFE INSURANCE

Semi-monthly Premium Amount (Cost per Pay Period – 24/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+
\$10,000	\$0.25	\$0.30	\$0.40	\$0.45	\$0.53	\$1.14	\$2.14	\$4.07	\$5.93	\$10.09	\$18.04	\$66.43
\$20,000	\$0.50	\$0.60	\$0.80	\$0.90	\$1.05	\$2.27	\$4.27	\$8.13	\$11.85	\$20.17	\$36.07	\$132.86
\$30,000	\$0.75	\$0.90	\$1.20	\$1.35	\$1.58	\$3.41	\$6.41	\$12.20	\$17.78	\$30.26	\$54.11	\$199.29
\$40,000	\$1.00	\$1.20	\$1.60	\$1.80	\$2.10	\$4.54	\$8.54	\$16.26	\$23.70	\$40.34	\$72.14	\$265.72
\$50,000	\$1.25	\$1.50	\$2.00	\$2.25	\$2.63	\$5.68	\$10.68	\$20.33	\$29.63	\$50.43	\$90.18	\$332.15
\$60,000	\$1.50	\$1.80	\$2.40	\$2.70	\$3.15	\$6.81	\$12.81	\$24.39	\$35.55	\$60.51	\$108.21	\$398.58
\$70,000	\$1.75	\$2.10	\$2.80	\$3.15	\$3.68	\$7.95	\$14.95	\$28.46	\$41.48	\$70.60	\$126.25	\$465.01
\$80,000	\$2.00	\$2.40	\$3.20	\$3.60	\$4.20	\$9.08	\$17.08	\$32.52	\$47.40	\$80.68	\$144.28	\$531.44
\$90,000	\$2.25	\$2.70	\$3.60	\$4.05	\$4.73	\$10.22	\$19.22	\$36.59	\$53.33	\$90.77	\$162.32	\$597.87
\$100,000	\$2.50	\$3.00	\$4.00	\$4.50	\$5.25	\$11.35	\$21.35	\$40.65	\$59.25	\$100.85	\$180.35	\$664.30
\$110,000	\$2.75	\$3.30	\$4.40	\$4.95	\$5.78	\$12.49	\$23.49	\$44.72	\$65.18	\$110.94	\$198.39	\$730.73
\$120,000	\$3.00	\$3.60	\$4.80	\$5.40	\$6.30	\$13.62	\$25.62	\$48.78	\$71.10	\$121.02	\$216.42	\$797.16
\$130,000	\$3.25	\$3.90	\$5.20	\$5.85	\$6.83	\$14.76	\$27.76	\$52.85	\$77.03	\$131.11	\$234.46	\$863.59
\$140,000	\$3.50	\$4.20	\$5.60	\$6.30	\$7.35	\$15.89	\$29.89	\$56.91	\$82.95	\$141.19	\$252.49	\$930.02
\$150,000	\$3.75	\$4.50	\$6.00	\$6.75	\$7.88	\$17.03	\$32.03	\$60.98	\$88.88	\$151.28	\$270.53	\$996.45
\$160,000	\$4.00	\$4.80	\$6.40	\$7.20	\$8.40	\$18.16	\$34.16	\$65.04	\$94.80	\$161.36	\$288.56	\$1,062.88
\$170,000	\$4.25	\$5.10	\$6.80	\$7.65	\$8.93	\$19.30	\$36.30	\$69.11	\$100.73	\$171.45	\$306.60	\$1,129.31
\$180,000	\$4.50	\$5.40	\$7.20	\$8.10	\$9.45	\$20.43	\$38.43	\$73.17	\$106.65	\$181.53	\$324.63	\$1,195.74
\$190,000	\$4.75	\$5.70	\$7.60	\$8.55	\$9.98	\$21.57	\$40.57	\$77.24	\$112.58	\$191.62	\$342.67	\$1,262.17
\$200,000	\$5.00	\$6.00	\$8.00	\$9.00	\$10.50	\$22.70	\$42.70	\$81.30	\$118.50	\$201.70	\$360.70	\$1,328.60
\$210,000	\$5.25	\$6.30	\$8.40	\$9.45	\$11.03	\$23.84	\$44.84	\$85.37	\$124.43	\$211.79	\$378.74	\$1,395.03
\$220,000	\$5.50	\$6.60	\$8.80	\$9.90	\$11.55	\$24.97	\$46.97	\$89.43	\$130.35	\$221.87	\$396.77	\$1,461.46
\$230,000	\$5.75	\$6.90	\$9.20	\$10.35	\$12.08	\$26.11	\$49.11	\$93.50	\$136.28	\$231.96	\$414.81	\$1,527.89
\$240,000	\$6.00	\$7.20	\$9.60	\$10.80	\$12.60	\$27.24	\$51.24	\$97.56	\$142.20	\$242.04	\$432.84	\$1,594.32
\$250,000	\$6.25	\$7.50	\$10.00	\$11.25	\$13.13	\$28.38	\$53.38	\$101.63	\$148.13	\$252.13	\$450.88	\$1,660.75
\$260,000	\$6.50	\$7.80	\$10.40	\$11.70	\$13.65	\$29.51	\$55.51	\$105.69	\$154.05	\$262.21	\$468.91	\$1,727.18
\$270,000	\$6.75	\$8.10	\$10.80	\$12.15	\$14.18	\$30.65	\$57.65	\$109.76	\$159.98	\$272.30	\$486.95	\$1,793.61
\$280,000	\$7.00	\$8.40	\$11.20	\$12.60	\$14.70	\$31.78	\$59.78	\$113.82	\$165.90	\$282.38	\$504.98	\$1,860.04
\$290,000	\$7.25	\$8.70	\$11.60	\$13.05	\$15.23	\$32.92	\$61.92	\$117.89	\$171.83	\$292.47	\$523.02	\$1,926.47
\$300,000	\$7.50	\$9.00	\$12.00	\$13.50	\$15.75	\$34.05	\$64.05	\$121.95	\$177.75	\$302.55	\$541.05	\$1,992.90
\$310,000	\$7.75	\$9.30	\$12.40	\$13.95	\$16.28	\$35.19	\$66.19	\$126.02	\$183.68	\$312.64	\$559.09	\$2,059.33
\$320,000	\$8.00	\$9.60	\$12.80	\$14.40	\$16.80	\$36.32	\$68.32	\$130.08	\$189.60	\$322.72	\$577.12	\$2,125.76
\$330,000	\$8.25	\$9.90	\$13.20	\$14.85	\$17.33	\$37.46	\$70.46	\$134.15	\$195.53	\$332.81	\$595.16	\$2,192.19
\$340,000	\$8.50	\$10.20	\$13.60	\$15.30	\$17.85	\$38.59	\$72.59	\$138.21	\$201.45	\$342.89	\$613.19	\$2,258.62
\$350,000	\$8.75	\$10.50	\$14.00	\$15.75	\$18.38	\$39.73	\$74.73	\$142.28	\$207.38	\$352.98	\$631.23	\$2,325.05
\$360,000	\$9.00	\$10.80	\$14.40	\$16.20	\$18.90	\$40.86	\$76.86	\$146.34	\$213.30	\$363.06	\$649.26	\$2,391.48
\$370,000	\$9.25	\$11.10	\$14.80	\$16.65	\$19.43	\$42.00	\$79.00	\$150.41	\$219.23	\$373.15	\$667.30	\$2,457.91
\$380,000	\$9.50	\$11.40	\$15.20	\$17.10	\$19.95	\$43.13	\$81.13	\$154.47	\$225.15	\$383.23	\$685.33	\$2,524.34
\$390,000	\$9.75	\$11.70	\$15.60	\$17.55	\$20.48	\$44.27	\$83.27	\$158.54	\$231.08	\$393.32	\$703.37	\$2,590.77
\$400,000	\$10.00	\$12.00	\$16.00	\$18.00	\$21.00	\$45.40	\$85.40	\$162.60	\$237.00	\$403.40	\$721.40	\$2,657.20
\$410,000	\$10.25	\$12.30	\$16.40	\$18.45	\$21.53	\$46.54	\$87.54	\$166.67	\$242.93	\$413.49	\$739.44	\$2,723.63
\$420,000	\$10.50	\$12.60	\$16.80	\$18.90	\$22.05	\$47.67	\$89.67	\$170.73	\$248.85	\$423.57	\$757.47	\$2,790.06
\$430,000	\$10.75	\$12.90	\$17.20	\$19.35	\$22.58	\$48.81	\$91.81	\$174.80	\$254.78	\$433.66	\$775.51	\$2,856.49
\$440,000	\$11.00	\$13.20	\$17.60	\$19.80	\$23.10	\$49.94	\$93.94	\$178.86	\$260.70	\$443.74	\$793.54	\$2,922.92
\$450,000	\$11.25	\$13.50	\$18.00	\$20.25	\$23.63	\$51.08	\$96.08	\$182.93	\$266.63	\$453.83	\$811.58	\$2,989.35
\$460,000	\$11.50	\$13.80	\$18.40	\$20.70	\$24.15	\$52.21	\$98.21	\$186.99	\$272.55	\$463.91	\$829.61	\$3,055.78
\$470,000	\$11.75	\$14.10	\$18.80	\$21.15	\$24.68	\$53.35	\$100.35	\$191.06	\$278.48	\$474.00	\$847.65	\$3,122.21
\$480,000	\$12.00	\$14.40	\$19.20	\$21.60	\$25.20	\$54.48	\$102.48	\$195.12	\$284.40	\$484.08	\$865.68	\$3,188.64
\$490,000	\$12.25	\$14.70	\$19.60	\$22.05	\$25.73	\$55.62	\$104.62	\$199.19	\$290.33	\$494.17	\$883.72	\$3,255.07

\$500,000	\$12.50	\$15.00	\$20.00	\$22.50	\$26.25	\$56.75	\$106.75	\$203.25	\$296.25	\$504.25	\$901.75	\$3,321.50
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SPOUSE VOLUNTARY TERM LIFE INSURANCE

Semi-monthly Premium Amount (Cost per Pay Period – 24/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	\$0.16	\$0.16	\$0.26	\$0.34	\$0.47	\$0.74	\$1.36	\$2.54	\$3.79	\$6.19	\$11.51	\$38.49
\$10,000	\$0.32	\$0.32	\$0.52	\$0.67	\$0.95	\$1.49	\$2.71	\$5.07	\$7.58	\$12.39	\$23.01	\$76.98
\$15,000	\$0.47	\$0.47	\$0.78	\$1.01	\$1.42	\$2.23	\$4.07	\$7.61	\$11.36	\$18.58	\$34.52	\$115.47
\$20,000	\$0.63	\$0.63	\$1.04	\$1.34	\$1.89	\$2.97	\$5.42	\$10.14	\$15.15	\$24.77	\$46.02	\$153.96
\$25,000	\$0.79	\$0.79	\$1.30	\$1.68	\$2.36	\$3.71	\$6.78	\$12.68	\$18.94	\$30.96	\$57.53	\$192.45
\$30,000	\$0.95	\$0.95	\$1.56	\$2.01	\$2.84	\$4.46	\$8.13	\$15.21	\$22.73	\$37.16	\$69.03	\$230.94
\$35,000	\$1.10	\$1.10	\$1.82	\$2.35	\$3.31	\$5.20	\$9.49	\$17.75	\$26.51	\$43.35	\$80.54	\$269.43
\$40,000	\$1.26	\$1.26	\$2.08	\$2.68	\$3.78	\$5.94	\$10.84	\$20.28	\$30.30	\$49.54	\$92.04	\$307.92
\$45,000	\$1.42	\$1.42	\$2.34	\$3.02	\$4.25	\$6.68	\$12.20	\$22.82	\$34.09	\$55.73	\$103.55	\$346.41
\$50,000	\$1.58	\$1.58	\$2.60	\$3.35	\$4.73	\$7.43	\$13.55	\$25.35	\$37.88	\$61.93	\$115.05	\$384.90
\$55,000	\$1.73	\$1.73	\$2.86	\$3.69	\$5.20	\$8.17	\$14.91	\$27.89	\$41.66	\$68.12	\$126.56	\$423.39
\$60,000	\$1.89	\$1.89	\$3.12	\$4.02	\$5.67	\$8.91	\$16.26	\$30.42	\$45.45	\$74.31	\$138.06	\$461.88
\$65,000	\$2.05	\$2.05	\$3.38	\$4.36	\$6.14	\$9.65	\$17.62	\$32.96	\$49.24	\$80.50	\$149.57	\$500.37
\$70,000	\$2.21	\$2.21	\$3.64	\$4.69	\$6.62	\$10.40	\$18.97	\$35.49	\$53.03	\$86.70	\$161.07	\$538.86
\$75,000	\$2.36	\$2.36	\$3.90	\$5.03	\$7.09	\$11.14	\$20.33	\$38.03	\$56.81	\$92.89	\$172.58	\$577.35
\$80,000	\$2.52	\$2.52	\$4.16	\$5.36	\$7.56	\$11.88	\$21.68	\$40.56	\$60.60	\$99.08	\$184.08	\$615.84
\$85,000	\$2.68	\$2.68	\$4.42	\$5.70	\$8.03	\$12.62	\$23.04	\$43.10	\$64.39	\$105.27	\$195.59	\$654.33
\$90,000	\$2.84	\$2.84	\$4.68	\$6.03	\$8.51	\$13.37	\$24.39	\$45.63	\$68.18	\$111.47	\$207.09	\$692.82
\$95,000	\$2.99	\$2.99	\$4.94	\$6.37	\$8.98	\$14.11	\$25.75	\$48.17	\$71.96	\$117.66	\$218.60	\$731.31
\$100,000	\$3.15	\$3.15	\$5.20	\$6.70	\$9.45	\$14.85	\$27.10	\$50.70	\$75.75	\$123.85	\$230.10	\$769.80
\$105,000	\$3.31	\$3.31	\$5.46	\$7.04	\$9.92	\$15.59	\$28.46	\$53.24	\$79.54	\$130.04	\$241.61	\$808.29
\$110,000	\$3.47	\$3.47	\$5.72	\$7.37	\$10.40	\$16.34	\$29.81	\$55.77	\$83.33	\$136.24	\$253.11	\$846.78
\$115,000	\$3.62	\$3.62	\$5.98	\$7.71	\$10.87	\$17.08	\$31.17	\$58.31	\$87.11	\$142.43	\$264.62	\$885.27
\$120,000	\$3.78	\$3.78	\$6.24	\$8.04	\$11.34	\$17.82	\$32.52	\$60.84	\$90.90	\$148.62	\$276.12	\$923.76
\$125,000	\$3.94	\$3.94	\$6.50	\$8.38	\$11.81	\$18.56	\$33.88	\$63.38	\$94.69	\$154.81	\$287.63	\$962.25
\$130,000	\$4.10	\$4.10	\$6.76	\$8.71	\$12.29	\$19.31	\$35.23	\$65.91	\$98.48	\$161.01	\$299.13	\$1,000.74
\$135,000	\$4.25	\$4.25	\$7.02	\$9.05	\$12.76	\$20.05	\$36.59	\$68.45	\$102.26	\$167.20	\$310.64	\$1,039.23
\$140,000	\$4.41	\$4.41	\$7.28	\$9.38	\$13.23	\$20.79	\$37.94	\$70.98	\$106.05	\$173.39	\$322.14	\$1,077.72
\$145,000	\$4.57	\$4.57	\$7.54	\$9.72	\$13.70	\$21.53	\$39.30	\$73.52	\$109.84	\$179.58	\$333.65	\$1,116.21
\$150,000	\$4.73	\$4.73	\$7.80	\$10.05	\$14.18	\$22.28	\$40.65	\$76.05	\$113.63	\$185.78	\$345.15	\$1,154.70
\$155,000	\$4.88	\$4.88	\$8.06	\$10.39	\$14.65	\$23.02	\$42.01	\$78.59	\$117.41	\$191.97	\$356.66	\$1,193.19
\$160,000	\$5.04	\$5.04	\$8.32	\$10.72	\$15.12	\$23.76	\$43.36	\$81.12	\$121.20	\$198.16	\$368.16	\$1,231.68
\$165,000	\$5.20	\$5.20	\$8.58	\$11.06	\$15.59	\$24.50	\$44.72	\$83.66	\$124.99	\$204.35	\$379.67	\$1,270.17
\$170,000	\$5.36	\$5.36	\$8.84	\$11.39	\$16.07	\$25.25	\$46.07	\$86.19	\$128.78	\$210.55	\$391.17	\$1,308.66
\$175,000	\$5.51	\$5.51	\$9.10	\$11.73	\$16.54	\$25.99	\$47.43	\$88.73	\$132.56	\$216.74	\$402.68	\$1,347.15
\$180,000	\$5.67	\$5.67	\$9.36	\$12.06	\$17.01	\$26.73	\$48.78	\$91.26	\$136.35	\$222.93	\$414.18	\$1,385.64
\$185,000	\$5.83	\$5.83	\$9.62	\$12.40	\$17.48	\$27.47	\$50.14	\$93.80	\$140.14	\$229.12	\$425.69	\$1,424.13
\$190,000	\$5.99	\$5.99	\$9.88	\$12.73	\$17.96	\$28.22	\$51.49	\$96.33	\$143.93	\$235.32	\$437.19	\$1,462.62
\$195,000	\$6.14	\$6.14	\$10.14	\$13.07	\$18.43	\$28.96	\$52.85	\$98.87	\$147.71	\$241.51	\$448.70	\$1,501.11
\$200,000	\$6.30	\$6.30	\$10.40	\$13.40	\$18.90	\$29.70	\$54.20	\$101.40	\$151.50	\$247.70	\$460.20	\$1,539.60
\$205,000	\$6.46	\$6.46	\$10.66	\$13.74	\$19.37	\$30.44	\$55.56	\$103.94	\$155.29	\$253.89	\$471.71	\$1,578.09
\$210,000	\$6.62	\$6.62	\$10.92	\$14.07	\$19.85	\$31.19	\$56.91	\$106.47	\$159.08	\$260.09	\$483.21	\$1,616.58
\$215,000	\$6.77	\$6.77	\$11.18	\$14.41	\$20.32	\$31.93	\$58.27	\$109.01	\$162.86	\$266.28	\$494.72	\$1,655.07
\$220,000	\$6.93	\$6.93	\$11.44	\$14.74	\$20.79	\$32.67	\$59.62	\$111.54	\$166.65	\$272.47	\$506.22	\$1,693.56
\$225,000	\$7.09	\$7.09	\$11.70	\$15.08	\$21.26	\$33.41	\$60.98	\$114.08	\$170.44	\$278.66	\$517.73	\$1,732.05
\$230,000	\$7.25	\$7.25	\$11.96	\$15.41	\$21.74	\$34.16	\$62.33	\$116.61	\$174.23	\$284.86	\$529.23	\$1,770.54
\$235,000	\$7.40	\$7.40	\$12.22	\$15.75	\$22.21	\$34.90	\$63.69	\$119.15	\$178.01	\$291.05	\$540.74	\$1,809.03
\$240,000	\$7.56	\$7.56	\$12.48	\$16.08	\$22.68	\$35.64	\$65.04	\$121.68	\$181.80	\$297.24	\$552.24	\$1,847.52
\$245,000	\$7.72	\$7.72	\$12.74	\$16.42	\$23.15	\$36.38	\$66.40	\$124.22	\$185.59	\$303.43	\$563.75	\$1,886.01
\$250,000	\$7.88	\$7.88	\$13.00	\$16.75	\$23.63	\$37.13	\$67.75	\$126.75	\$189.38	\$309.63	\$575.25	\$1,924.50

CHILD(REN) VOLUNTARY TERM LIFE INSURANCE**Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)**

Benefit Amount	Cost For Each Child	x	Number of Covered Children	=	Cost For All Children
\$10,000	\$0.45	x		=	

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VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)**

Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
\$10,000	\$0.18	\$140,000	\$2.45	\$270,000	\$4.73	\$400,000	\$7.00
\$20,000	\$0.35	\$150,000	\$2.63	\$280,000	\$4.90	\$410,000	\$7.18
\$30,000	\$0.53	\$160,000	\$2.80	\$290,000	\$5.08	\$420,000	\$7.35
\$40,000	\$0.70	\$170,000	\$2.98	\$300,000	\$5.25	\$430,000	\$7.53
\$50,000	\$0.88	\$180,000	\$3.15	\$310,000	\$5.43	\$440,000	\$7.70
\$60,000	\$1.05	\$190,000	\$3.33	\$320,000	\$5.60	\$450,000	\$7.88
\$70,000	\$1.23	\$200,000	\$3.50	\$330,000	\$5.78	\$460,000	\$8.05
\$80,000	\$1.40	\$210,000	\$3.68	\$340,000	\$5.95	\$470,000	\$8.23
\$90,000	\$1.58	\$220,000	\$3.85	\$350,000	\$6.13	\$480,000	\$8.40
\$100,000	\$1.75	\$230,000	\$4.03	\$360,000	\$6.30	\$490,000	\$8.58
\$110,000	\$1.93	\$240,000	\$4.20	\$370,000	\$6.48	\$500,000	\$8.75
\$120,000	\$2.10	\$250,000	\$4.38	\$380,000	\$6.65		
\$130,000	\$2.28	\$260,000	\$4.55	\$390,000	\$6.83		

SPOUSE VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)**

Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount	Benefit Amount	Premium Amount
\$5,000	\$0.05	\$70,000	\$0.70	\$135,000	\$1.35	\$200,000	\$2.00
\$10,000	\$0.10	\$75,000	\$0.75	\$140,000	\$1.40	\$205,000	\$2.05
\$15,000	\$0.15	\$80,000	\$0.80	\$145,000	\$1.45	\$210,000	\$2.10
\$20,000	\$0.20	\$85,000	\$0.85	\$150,000	\$1.50	\$215,000	\$2.15
\$25,000	\$0.25	\$90,000	\$0.90	\$155,000	\$1.55	\$220,000	\$2.20
\$30,000	\$0.30	\$95,000	\$0.95	\$160,000	\$1.60	\$225,000	\$2.25
\$35,000	\$0.35	\$100,000	\$1.00	\$165,000	\$1.65	\$230,000	\$2.30
\$40,000	\$0.40	\$105,000	\$1.05	\$170,000	\$1.70	\$235,000	\$2.35
\$45,000	\$0.45	\$110,000	\$1.10	\$175,000	\$1.75	\$240,000	\$2.40
\$50,000	\$0.50	\$115,000	\$1.15	\$180,000	\$1.80	\$245,000	\$2.45
\$55,000	\$0.55	\$120,000	\$1.20	\$185,000	\$1.85	\$250,000	\$2.50
\$60,000	\$0.60	\$125,000	\$1.25	\$190,000	\$1.90		
\$65,000	\$0.65	\$130,000	\$1.30	\$195,000	\$1.95		

CHILD(REN) VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)**

Benefit Amount	Cost For Each Child	x	Number of Covered Children	=	Cost For All Children
\$10,000	\$0.05	x		=	

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VOLUNTARY HOSPITAL INDEMNITY INSURANCE**Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)**

COVERAGE TIER	PLAN 1
Employee Only	\$9.33 (\$0.61 per day)
Employee & Spouse	\$19.29 (\$1.27 per day)
Employee & Child(ren)	\$17.84 (\$1.17 per day)
Employee & Family	\$29.09 (\$1.91 per day)

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