

Payroll Deduction Form for Short Term Disability

26 Week Benefit

Benefits Begin: 15th Day for Accidents, 15th Day for Sickness

Monthly Premium Based on Age

If Your Annual Salary is at Least:	You May Select a Weekly Benefit of:	Your Monthly Premium Would Be:							
		Under Age 40	Age 40 - 44	Age 45 - 49	Age 50 - 54	Age 55 - 59	Age 60 - 64	Age 65 - 69	Age 70+
\$7,430	\$100/Week	\$7.59	\$7.15	\$8.25	\$9.90	\$11.99	\$13.97	\$14.30	\$16.20
\$11,140	\$150/Week	\$11.39	\$10.73	\$12.38	\$14.85	\$17.99	\$20.96	\$21.45	\$24.30
\$14,860	\$200/Week	\$15.18	\$14.30	\$16.50	\$19.80	\$23.98	\$27.94	\$28.60	\$32.40
\$18,670	\$250/Week	\$18.98	\$17.88	\$20.63	\$24.75	\$29.98	\$34.93	\$35.75	\$40.50
\$22,285	\$300/Week	\$22.77	\$21.45	\$24.75	\$29.70	\$35.97	\$41.91	\$42.90	\$48.60
\$26,000	\$350/Week	\$26.57	\$25.03	\$28.88	\$34.65	\$41.97	\$48.90	\$50.05	\$56.70
\$29,715	\$400/Week	\$30.36	\$28.60	\$33.00	\$39.60	\$47.96	\$55.84	\$57.20	\$64.80
\$33,430	\$450/Week	\$34.16	\$32.18	\$37.13	\$44.55	\$53.96	\$62.87	\$64.35	\$72.90
\$37,145	\$500/Week	\$37.95	\$35.75	\$41.25	\$49.50	\$59.95	\$69.85	\$71.50	\$81.00
\$40,860	\$550/Week	\$41.75	\$39.33	\$45.38	\$54.45	\$65.95	\$76.84	\$78.65	\$89.10
\$44,570	\$600/Week	\$45.54	\$42.90	\$49.50	\$59.40	\$71.94	\$83.82	\$85.80	\$97.20
\$48,285	\$650/Week	\$49.34	\$46.48	\$53.63	\$64.35	\$77.94	\$90.81	\$92.95	\$105.30
\$52,000	\$700/Week	\$53.13	\$50.05	\$57.75	\$69.30	\$83.93	\$97.79	\$100.10	\$113.40
\$55,715	\$750/Week	\$56.93	\$53.63	\$61.88	\$74.25	\$89.93	\$104.78	\$107.25	\$121.50
\$59,430	\$800/Week	\$60.72	\$57.20	\$66.00	\$79.20	\$95.92	\$111.76	\$114.40	\$129.60
\$63,145	\$850/Week	\$64.52	\$60.78	\$70.13	\$84.15	\$101.92	\$118.75	\$121.55	\$137.70
\$66,860	\$900/Week	\$68.31	\$64.35	\$74.25	\$89.10	\$107.91	\$125.73	\$128.70	\$145.80
\$70,575	\$950/Week	\$72.11	\$67.93	\$78.38	\$94.05	\$113.91	\$132.72	\$135.85	\$153.90
\$74,290	\$1000/Week	\$75.90	\$71.50	\$82.50	\$99.00	\$119.90	\$139.70	\$143.00	\$162.00
\$78,005	\$1050/Week	\$79.70	\$75.08	\$86.63	\$103.95	\$125.90	\$146.69	\$150.15	\$170.10
\$81,720	\$1100/Week	\$83.49	\$78.65	\$90.75	\$108.90	\$131.89	\$153.67	\$157.30	\$178.20
\$85,435	\$1150/Week	\$87.29	\$82.23	\$94.88	\$113.85	\$137.89	\$160.66	\$164.45	\$186.30

I would like to enroll in the Short Term Disability Program _____ Yes _____ No

Printed Name: _____ Signature: _____

Payroll Deduction Form for Short Term Disability

52 Week Benefit

Benefits Begin: 15th Day for Accidents, 15th Day for Sickness

Monthly Premium Based on Age

If Your Annual Salary is at Least:	You May Select a Weekly Benefit of:	Your Monthly Premium Would Be:							
		Under Age 40	Age 40 - 44	Age 45 - 49	Age 50 - 54	Age 55 - 59	Age 60 - 64	Age 65 - 69	Age 70+
\$7,430	\$100/Week	\$8.80	\$8.71	\$10.05	\$12.06	\$14.61	\$17.02	\$17.40	\$19.70
\$11,140	\$150/Week	\$13.20	\$13.07	\$15.08	\$18.08	\$21.91	\$25.53	\$26.10	\$29.55
\$14,860	\$200/Week	\$17.60	\$17.42	\$20.11	\$24.11	\$29.22	\$34.03	\$34.80	\$39.40
\$18,670	\$250/Week	\$22.00	\$21.78	\$25.14	\$30.14	\$36.52	\$42.54	\$43.50	\$49.25
\$22,285	\$300/Week	\$26.40	\$26.14	\$30.16	\$36.17	\$43.82	\$51.05	\$52.20	\$59.10
\$26,000	\$350/Week	\$30.80	\$30.49	\$35.19	\$42.20	\$51.13	\$59.56	\$60.90	\$68.95
\$29,715	\$400/Week	\$35.20	\$34.85	\$40.22	\$48.22	\$58.43	\$68.07	\$69.60	\$78.80
\$33,430	\$450/Week	\$39.60	\$39.20	\$45.24	\$54.25	\$65.74	\$76.58	\$78.30	\$88.65
\$37,145	\$500/Week	\$44.00	\$43.56	\$50.27	\$60.28	\$73.04	\$85.09	\$87.00	\$98.50
\$40,860	\$550/Week	\$48.40	\$47.92	\$55.30	\$66.31	\$80.34	\$93.59	\$95.70	\$108.35
\$44,570	\$600/Week	\$52.80	\$52.27	\$60.32	\$72.34	\$87.65	\$102.10	\$104.40	\$118.20
\$48,285	\$650/Week	\$57.20	\$56.63	\$65.35	\$78.36	\$94.95	\$110.61	\$113.10	\$128.05
\$52,000	\$700/Week	\$61.60	\$60.98	\$70.38	\$84.39	\$102.26	\$119.12	\$121.80	\$137.90
\$55,715	\$750/Week	\$66.00	\$65.34	\$75.41	\$90.42	\$109.56	\$127.63	\$130.50	\$147.75
\$59,430	\$800/Week	\$70.40	\$69.70	\$80.43	\$96.45	\$116.86	\$136.14	\$139.20	\$157.60
\$63,145	\$850/Week	\$74.80	\$74.05	\$85.46	\$102.48	\$124.17	\$144.64	\$147.90	\$167.45
\$66,860	\$900/Week	\$79.20	\$78.41	\$90.49	\$108.50	\$131.47	\$153.15	\$156.60	\$177.30
\$70,575	\$950/Week	\$83.60	\$82.76	\$95.51	\$114.53	\$138.78	\$161.66	\$165.30	\$187.15
\$74,290	\$1000/Week	\$88.00	\$87.12	\$100.54	\$120.56	\$146.08	\$170.17	\$174.00	\$197.00
\$78,005	\$1050/Week	\$92.40	\$91.48	\$105.57	\$126.59	\$153.38	\$178.68	\$182.70	\$206.85
\$81,720	\$1100/Week	\$96.80	\$95.83	\$110.59	\$132.62	\$160.69	\$187.19	\$191.40	\$216.70
\$85,435	\$1150/Week	\$101.20	\$100.19	\$115.62	\$138.64	\$167.99	\$195.70	\$200.10	\$226.55

I would like to enroll in the Short Term Disability Program

_____ Yes

_____ No

Printed Name: _____

Signature: _____