



2017 INCOME PROTECTION PLAN FOR MANAGERS PREMIUM CALCULATION WORKSHEET

Disability Insurance Worksheet Calculations

	Plan A	Plan B
1. Your current monthly salary	\$ _____	\$ _____
2. Adjusted monthly salary (Line 1 Divided by 100)	\$ _____	\$ _____
3. Employee cost per \$100 of monthly salary (See rates in table below)	\$ _____	\$ _____
4. Adjusted monthly salary (Line 2) or \$116, whichever is less	\$ _____	\$ _____
5. Monthly premium paid by employee (Multiply Line 3 by Line 4)	\$ _____	\$ _____
6. Semi-monthly premium paid by employee (Line 5 divided by 2)	\$ _____	\$ _____

Plan A provides an employer paid life insurance benefit equal to 1 ½ times annual salary, plus employer paid disability coverage with an elimination period of 150 days.

Plan B provides an employer paid life insurance benefit equal to 2 times annual salary, with no employer paid disability coverage.

Monthly Employee Rates for Disability Coverage Per \$100 Monthly Salary

Managers Income Protection Plan	Elimination Period	Total	State	Employee
Plan A	150 days	.22	.22	.00
Plan A	120 days	.24	.22	.02
Plan A	90 days	.26	.22	.04
Plan A	60 days	.29	.22	.07
Plan A	30 days	.32	.22	.10
Plan B	150 days	.22	.00	.22
Plan B	120 days	.24	.00	.24
Plan B	90 days	.26	.00	.26
Plan B	60 days	.29	.00	.29
Plan B	30 days	.32	.00	.32