

Premium Worksheet



Rates and/or benefits may be changed on a class basis. Rates are based on the employee's age and increase as you enter each new age category.

VOLUNTARY CRITICAL ILLNESS INSURANCE													
Bi-weekly Premium Amount (Cost per Pay Period – 26/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
\$5,000	Employee Only	\$1.23	\$1.23	\$1.62	\$1.62	\$2.92	\$2.92	\$5.31	\$5.31	\$9.96	\$9.96	\$17.20	\$17.20
	Employee & Spouse	\$2.05	\$2.05	\$2.65	\$2.65	\$4.68	\$4.68	\$8.40	\$8.40	\$15.56	\$15.56	\$26.62	\$26.62
	Employee & Child(ren)	\$1.98	\$1.98	\$2.38	\$2.38	\$3.68	\$3.68	\$6.07	\$6.07	\$10.72	\$10.72	\$17.96	\$17.96
	Employee & Family	\$2.94	\$2.94	\$3.54	\$3.54	\$5.57	\$5.57	\$9.29	\$9.29	\$16.45	\$16.45	\$27.51	\$27.51
\$20,000	Employee Only	\$3.48	\$3.48	\$5.00	\$5.00	\$10.04	\$10.04	\$19.56	\$19.56	\$38.12	\$38.12	\$67.10	\$67.10
	Employee & Spouse	\$5.43	\$5.43	\$7.70	\$7.70	\$15.44	\$15.44	\$30.22	\$30.22	\$58.85	\$58.85	\$103.08	\$103.08
	Employee & Child(ren)	\$5.34	\$5.34	\$6.85	\$6.85	\$11.88	\$11.88	\$21.41	\$21.41	\$26.12	\$39.97	\$68.95	\$68.95
	Employee & Family	\$7.58	\$7.58	\$9.85	\$9.85	\$17.59	\$17.59	\$32.37	\$32.37	\$61.00	\$61.00	\$105.23	\$105.23

5962f NS 07/21 Critical Illness Form Series includes GBD-1700, GBD-1701, or state equivalent.

VOLUNTARY ACCIDENT INSURANCE	
Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)	
COVERAGE TIER	PLAN 1
Employee Only	\$3.96 (\$0.28 per day)
Employee & Spouse	\$6.26 (\$0.45 per day)
Employee & Child(ren)	\$6.37 (\$0.45 per day)
Employee & Family	\$10.12 (\$0.72 per day)

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

The Buck's Got Your Back®

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