

Premium Worksheet



Rates and/or benefits may be changed on a class basis.

VOLUNTARY ACCIDENT INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
COVERAGE TIER	PLAN
Employee Only	\$12.60 (\$0.41 per day)
Employee & Spouse/Partner	\$19.88 (\$0.65 per day)
Employee & Child(ren)	\$21.43 (\$0.70 per day)
Employee & Family	\$33.57 (\$1.10 per day)

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

5962h NS 07/21 Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.