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 1**	**PLAN 2**
Employee Only	**$8.46** ($0.28 per day)	**$15.98** ($0.53 per day)
Employee & Spouse/Partner	**$16.05** ($0.53 per day)	**$26.74** ($0.88 per day)
Employee & Child(ren)	**$19.00** ($0.62 per day)	**$35.31** ($1.16 per day)
Employee & Family	**$24.93** ($0.82 per day)	**$46.08** ($1.51 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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COPPELL INDEPENDENT SCHOOL DISTRICT/00182066