

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.

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