

# FirstFleet GROUP DISABILITY INSURANCE - OneAmerica

## PREMIUM CALCULATION WORKSHEET – 2019

### Short Term Disability Insurance:

**Benefit Amount:** 60% of basic weekly earnings to a maximum of \$750  
**Benefits Begin:** After 14 days of injury or 14 days of sickness  
**Benefit Duration:** 26 weeks (maximum)

*Please see your Summary Plan Description for further details regarding your benefits.*

### Short Term Disability Monthly Premium Rates:

<u>AGE</u>	<u>RATE</u>	<u>AGE</u>	<u>RATE</u>
39 & Under	\$0.750	55 – 59	\$1.350
40 – 44	\$0.750	60 – 64	\$1.580
45 – 49	\$0.940	65 – 69	\$2.050
50 – 54	\$1.130	70 & Over	\$2.050

*STD rates are based on five-year increments. Rates increase as you age and are based on your age as of the beginning of the year.*

To calculate the per-paycheck cost for short term disability coverage, complete the calculations below.

$$\underline{\hspace{2cm}} \times .60 = \underline{\hspace{2cm}} \div 10 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \div 4.3333 = \underline{\hspace{2cm}}$$

Weekly Earnings (Annual Earnings Divided by 52)		Weekly Benefit Amount (Can't exceed \$750)		Your Monthly Rate from the Table Above	Your Monthly Premium Cost	# of Paychecks per Month	Your Cost per Paycheck *
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### Long Term Disability Insurance:

**Benefit Amount:** 60% of basic monthly earnings to a maximum of \$5,000  
**Benefits Begin:** After 180 days of total disability  
**Benefit Duration:** Five years (maximum)

*Please see your Summary Plan Description for further details regarding your benefits.*

### Long Term Disability Monthly Premium Rates:

<u>AGE</u>	<u>RATE</u>	<u>AGE</u>	<u>RATE</u>
24 & Under	\$0.460	50 – 54	\$1.310
25 – 29	\$0.460	55 – 59	\$2.040
30 – 34	\$0.460	60 – 64	\$3.000
35 – 39	\$0.460	65 – 69	\$4.110
40 – 44	\$0.640	70 & Over	\$6.690
45 – 49	\$0.940		

*LTD rates are based on five-year increments. Rates increase as you age and are based on your age as of the beginning of the year.*

To calculate the per-paycheck cost for long term disability coverage, complete the calculations below.

$$\underline{\hspace{2cm}} \div 100 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \div 4.3333 = \underline{\hspace{2cm}}$$

Monthly Earnings (Annual Earnings Divided by 12)		Your Monthly Rate from the Table Above		Your Monthly Premium Cost	# of Paychecks per Month	Your Cost per Paycheck *
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*\* Your actual cost may vary slightly due to rounding.*

*Please see your Summary Plan Description for further details regarding your benefits.*

# FirstFleet VOLUNTARY TERM LIFE INSURANCE - OneAmerica PREMIUM CALCULATION WORKSHEET – 2019

## Voluntary Term Life Insurance:

Coverage is available up to 5 times annual salary (earnings) to a maximum of \$500,000, in increments of \$10,000 for employees and \$5,000 for spouses.

**PLEASE NOTE:** Amounts over \$200,000 for employees (\$50,000 for spouses) are subject to evidence of insurability. During the Open Enrollment period for 2018, employees and spouses may increase their coverage up to the guarantee issue amount without evidence of insurability (as long as some amount of coverage is already in effect). Otherwise, employees may increase coverage by \$10,000 and spouses by \$5,000.

## Rate Calculation Worksheet: \*

To figure out your weekly cost, find the rate in the table at the bottom of this page that matches your and your spouse's ages; then multiply the rates by the number of thousands of dollars of life insurance coverage you wish to purchase. The following example will show you what to do.

Example: \$30,000 Voluntary Life, 36 Year Old Employee (Non-Tobacco)	Employee Example	EMPLOYEE (Increments of \$10,000)	SPOUSE (Increments of \$5,000)	CHILD(REN) (Increments of \$1,000)
(1) Enter the rate from the appropriate table below. <i>PLEASE NOTE: If you have used tobacco in the last 12 months, refer to the chart below with "TOBACCO Rates".</i>	\$0.0240	(1)	(1)	(1)
(2) Enter the amount of insurance in thousands of dollars (Example: for \$30,000 of coverage enter 30).	30	(2)	(2)	(2)
(3) Weekly premium = (1) x (2)	\$0.72	(3)	(3)	(3)

*Use the worksheet above to calculate the weekly cost of life insurance protection for you, your spouse and your dependent child(ren)...in three easy steps!*

NON-TOBACCO Rates – EMPLOYEE and SPOUSE Voluntary Life Coverage ** Rates are based on your age as of the beginning of the year.											
Age as of Jan. 1, 2018	29 & Under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Weekly Rate per \$1,000 Coverage	\$.0164	.0189	.0240	.0408	.0552	.0925	.1588	.2502	.3946	.6305	.6305

  

TOBACCO Rates – EMPLOYEE Voluntary Life Coverage ** Rates are based on your age as of the beginning of the year.											
Age as of Jan. 1, 2018	29 & Under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Weekly Rate per \$1,000 Coverage	\$.0286	.0314	.0408	.0648	.1179	.1922	.3475	.4232	.6734	1.0791	1.0791

  

DEPENDENT CHILD(REN) Voluntary Life Coverage	
Weekly Rate per \$1,000 Coverage	\$.0270

## WEEKLY COST OF VOLUNTARY LIFE INSURANCE COVERAGE – SAMPLE COVERAGE AMOUNTS

Employee – Non-Tobacco (and Spouse – Tobacco or Non-Tobacco) **													
AMOUNT	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$130,000	\$150,000
AGE													
0-29	\$0.16	\$0.33	\$0.49	\$0.66	\$0.82	\$0.98	\$1.15	\$1.31	\$1.47	\$1.64	\$1.80	\$2.13	\$2.46
30-34	\$0.19	\$0.38	\$0.57	\$0.76	\$0.95	\$1.14	\$1.32	\$1.51	\$1.70	\$1.89	\$2.08	\$2.46	\$2.84
35-39	\$0.24	\$0.48	\$0.72	\$0.96	\$1.20	\$1.44	\$1.68	\$1.92	\$2.16	\$2.40	\$2.64	\$3.12	\$3.60
40-44	\$0.41	\$0.82	\$1.23	\$1.63	\$2.04	\$2.45	\$2.86	\$3.27	\$3.68	\$4.08	\$4.49	\$5.31	\$6.13
45-49	\$0.55	\$1.10	\$1.65	\$2.21	\$2.76	\$3.31	\$3.86	\$4.41	\$4.96	\$5.52	\$6.07	\$7.17	\$8.27
50-54	\$0.93	\$1.85	\$2.78	\$3.70	\$4.63	\$5.55	\$6.48	\$7.40	\$8.33	\$9.25	\$10.18	\$12.03	\$13.88
55-59	\$1.59	\$3.18	\$4.76	\$6.35	\$7.94	\$9.53	\$11.11	\$12.70	\$14.29	\$15.88	\$17.46	\$20.64	\$23.82
60-64	\$2.50	\$5.00	\$7.50	\$10.01	\$12.51	\$15.01	\$17.51	\$20.01	\$22.51	\$25.02	\$27.52	\$32.52	\$37.52
65-69	\$3.95	\$7.89	\$11.84	\$15.78	\$19.73	\$23.68	\$27.62	\$31.57	\$35.52	\$39.46	\$43.41	\$51.30	\$59.19
70-74	\$6.30	\$12.61	\$18.91	\$25.22	\$31.52	\$37.83	\$44.13	\$50.44	\$56.74	\$63.05	\$69.35	\$81.96	\$94.57
75+	\$6.30	\$12.61	\$18.91	\$25.22	\$31.52	\$37.83	\$44.13	\$50.44	\$56.74	\$63.05	\$69.35	\$81.96	\$94.57

  

Employee – Tobacco **													
AMOUNT	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$130,000	\$150,000
AGE													
0-29	\$0.29	\$0.57	\$0.86	\$1.14	\$1.43	\$1.72	\$2.00	\$2.29	\$2.58	\$2.86	\$3.15	\$3.72	\$4.29
30-34	\$0.31	\$0.63	\$0.94	\$1.26	\$1.57	\$1.88	\$2.20	\$2.51	\$2.82	\$3.14	\$3.45	\$4.08	\$4.71
35-39	\$0.41	\$0.82	\$1.23	\$1.63	\$2.04	\$2.45	\$2.86	\$3.27	\$3.68	\$4.08	\$4.49	\$5.31	\$6.13
40-44	\$0.65	\$1.30	\$1.95	\$2.59	\$3.24	\$3.89	\$4.54	\$5.19	\$5.84	\$6.48	\$7.13	\$8.43	\$9.73
45-49	\$1.18	\$2.36	\$3.54	\$4.72	\$5.90	\$7.08	\$8.25	\$9.43	\$10.61	\$11.79	\$12.97	\$15.33	\$17.69
50-54	\$1.92	\$3.84	\$5.77	\$7.69	\$9.61	\$11.53	\$13.46	\$15.38	\$17.30	\$19.22	\$21.15	\$24.99	\$28.83
55-59	\$3.48	\$6.95	\$10.43	\$13.90	\$17.38	\$20.85	\$24.33	\$27.80	\$31.28	\$34.75	\$38.23	\$45.18	\$52.13
60-64	\$4.23	\$8.46	\$12.70	\$16.93	\$21.16	\$25.39	\$29.63	\$33.86	\$38.09	\$42.32	\$46.56	\$55.02	\$63.49
65-69	\$6.73	\$13.47	\$20.20	\$26.94	\$33.67	\$40.40	\$47.14	\$53.87	\$60.61	\$67.34	\$74.07	\$87.54	\$101.01
70-74	\$10.79	\$21.58	\$32.37	\$43.16	\$53.95	\$64.75	\$75.54	\$86.33	\$97.12	\$107.91	\$118.70	\$140.28	\$161.86
75+	\$10.79	\$21.58	\$32.37	\$43.16	\$53.95	\$64.75	\$75.54	\$86.33	\$97.12	\$107.91	\$118.70	\$140.28	\$161.86

  

Child(ren)													
AMOUNT	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000			
Weekly Rate	\$0.03	\$0.05	\$0.08	\$0.11	\$0.14	\$0.16	\$0.19	\$0.22	\$0.24	\$0.27			

\* Your actual cost may vary slightly due to rounding.

\*\* Spouses automatically receive NON-TOBACCO rates on ALL coverage amounts. TOBACCO rates only apply to employee coverage.