

PREMIUM WORKSHEET



Rates and/or benefits can change.

You are considered a tobacco user if you have used any form of tobacco or nicotine replacement in the past 12 months.

DisabilityFLEX® (VOLUNTARY SHORT TERM DISABILITY INSURANCE)														
Monthly Premium Amount (Cost per Pay Period – 12/Year)														
Premiums are based on the employee's current age and increase as the employee enters each new age category.														
OPTION 1: Benefits Begin: 8th day Duration: 13 weeks					OPTION 2: Benefits Begin: 15th day Duration: 13 weeks					OPTION 3: Benefits Begin: 30th day Duration: 13 weeks				
Weekly Benefit	Under 35	35-49	50-59	60+	Weekly Benefit	Under 35	35-49	50-59	60+	Weekly Benefit	Under 35	35-49	50-59	60+
\$100	\$6.30	\$8.76	\$10.04	\$11.43	\$100	\$4.92	\$6.84	\$7.84	\$8.92	\$100	\$3.00	\$4.17	\$4.78	\$5.44
\$200	\$12.60	\$17.52	\$20.08	\$22.86	\$200	\$9.84	\$13.68	\$15.68	\$17.84	\$200	\$6.00	\$8.34	\$9.56	\$10.88
\$300	\$18.90	\$26.28	\$30.12	\$34.29	\$300	\$14.76	\$20.52	\$23.52	\$26.76	\$300	\$9.00	\$12.51	\$14.34	\$16.32
\$400	\$25.20	\$35.04	\$40.16	\$45.72	\$400	\$19.68	\$27.36	\$31.36	\$35.68	\$400	\$12.00	\$16.68	\$19.12	\$21.76
\$500	\$31.50	\$43.80	\$50.20	\$57.15	\$500	\$24.60	\$34.20	\$39.20	\$44.60	\$500	\$15.00	\$20.85	\$23.90	\$27.20
\$600	\$37.80	\$52.56	\$60.24	\$68.58	\$600	\$29.52	\$41.04	\$47.04	\$53.52	\$600	\$18.00	\$25.02	\$28.68	\$32.64
\$700	\$44.10	\$61.32	\$70.28	\$80.01	\$700	\$34.44	\$47.88	\$54.88	\$62.44	\$700	\$21.00	\$29.19	\$33.46	\$38.08
\$800	\$50.40	\$70.08	\$80.32	\$91.44	\$800	\$39.36	\$54.72	\$62.72	\$71.36	\$800	\$24.00	\$33.36	\$38.24	\$43.52
\$900	\$56.70	\$78.84	\$90.36	\$102.87	\$900	\$44.28	\$61.56	\$70.56	\$80.28	\$900	\$27.00	\$37.53	\$43.02	\$48.96
\$1,000	\$63.00	\$87.60	\$100.40	\$114.30	\$1,000	\$49.20	\$68.40	\$78.40	\$89.20	\$1,000	\$30.00	\$41.70	\$47.80	\$54.40
\$1,100	\$69.30	\$96.36	\$110.44	\$125.73	\$1,100	\$54.12	\$75.24	\$86.24	\$98.12	\$1,100	\$33.00	\$45.87	\$52.58	\$59.84
\$1,200	\$75.60	\$105.12	\$120.48	\$137.16	\$1,200	\$59.04	\$82.08	\$94.08	\$107.04	\$1,200	\$36.00	\$50.04	\$57.36	\$65.28

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VOLUNTARY CRITICAL ILLNESS INSURANCE														
Monthly Premium Amount (Cost per Pay Period – 12/Year)														
Premiums are based on the employee's current age and increase as the employee enters each new age category.														
NON-TOBACCO USER														
Benefit Amount	Coverage Tier	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	Employee Only	\$5.28	\$5.95	\$6.33	\$7.20	\$8.95	\$11.98	\$15.09	\$19.26	\$25.88	\$34.78	\$46.62	\$60.87	\$69.71
	Employee & Spouse	\$9.43	\$10.50	\$11.14	\$12.45	\$15.25	\$20.05	\$24.90	\$31.39	\$41.65	\$55.20	\$73.34	\$94.95	\$108.43
	Employee & Child(ren)	\$10.38	\$10.83	\$10.82	\$11.47	\$13.03	\$16.00	\$19.07	\$23.22	\$29.82	\$38.72	\$50.56	\$64.81	\$73.65
	Employee & Family	\$15.37	\$16.19	\$16.38	\$17.43	\$19.99	\$24.75	\$29.53	\$36.01	\$46.24	\$59.79	\$77.93	\$99.55	\$113.02
\$20,000	Employee Only	\$7.30	\$8.39	\$9.03	\$10.71	\$13.98	\$19.81	\$26.02	\$34.31	\$47.55	\$65.34	\$89.03	\$117.53	\$135.21
	Employee & Spouse	\$12.43	\$14.13	\$15.15	\$17.67	\$22.74	\$31.85	\$41.48	\$54.40	\$74.91	\$102.01	\$138.28	\$181.51	\$208.46
	Employee & Child(ren)	\$12.40	\$13.27	\$13.52	\$14.99	\$18.05	\$23.84	\$29.99	\$38.27	\$51.49	\$69.28	\$92.97	\$121.47	\$139.15
	Employee & Family	\$18.38	\$19.82	\$20.39	\$22.65	\$27.48	\$36.55	\$46.12	\$59.01	\$79.51	\$106.60	\$142.87	\$186.10	\$213.06

VOLUNTARY CRITICAL ILLNESS INSURANCE**Monthly Premium Amount** (Cost per Pay Period – 12/Year)

Premiums are based on the employee's current age and increase as the employee enters each new age category.

TOBACCO USER

Benefit Amount	Coverage Tier	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$10,000	Employee Only	\$5.48	\$6.34	\$6.99	\$8.43	\$11.39	\$17.16	\$23.92	\$33.11	\$48.02	\$69.42	\$92.67	\$110.41	\$121.69
	Employee & Spouse	\$9.73	\$11.10	\$12.17	\$14.37	\$19.08	\$28.20	\$38.65	\$52.89	\$75.90	\$108.65	\$144.72	\$171.97	\$189.54
	Employee & Child(ren)	\$10.58	\$11.22	\$11.49	\$12.70	\$15.47	\$21.19	\$27.89	\$37.08	\$51.96	\$73.36	\$96.61	\$114.35	\$125.63
	Employee & Family	\$15.67	\$16.79	\$17.41	\$19.35	\$23.82	\$32.89	\$43.28	\$57.51	\$80.49	\$113.24	\$149.31	\$176.56	\$194.13
\$20,000	Employee Only	\$7.68	\$9.16	\$10.36	\$13.17	\$18.86	\$30.19	\$43.67	\$62.03	\$91.83	\$134.62	\$181.14	\$216.62	\$239.17
	Employee & Spouse	\$13.03	\$15.32	\$17.22	\$21.50	\$30.40	\$48.14	\$68.98	\$97.40	\$143.41	\$208.90	\$281.03	\$335.55	\$370.68
	Employee & Child(ren)	\$12.78	\$14.04	\$14.85	\$17.44	\$22.93	\$34.22	\$47.65	\$65.99	\$95.77	\$138.56	\$185.08	\$220.56	\$243.10
	Employee & Family	\$18.97	\$21.01	\$22.45	\$26.48	\$35.14	\$52.84	\$73.61	\$102.02	\$148.01	\$213.49	\$285.62	\$340.14	\$375.28

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VOLUNTARY ACCIDENT INSURANCE**Monthly Premium Amount** (Cost per Pay Period – 12/Year)

COVERAGE TIER	Premium Amount
Employee Only	\$10.44 (\$0.34 per day)
Employee & Spouse	\$16.32 (\$0.54 per day)
Employee & Child(ren)	\$17.37 (\$0.57 per day)
Employee & Family	\$27.25 (\$0.90 per day)

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VOLUNTARY HOSPITAL INDEMNITY INSURANCE**Monthly Premium Amount** (Cost per Pay Period – 12/Year)

COVERAGE TIER	Premium Amount
Employee Only	\$15.79 (\$0.52 per day)
Employee & Spouse	\$32.75 (\$1.08 per day)
Employee & Child(ren)	\$30.53 (\$1.00 per day)
Employee & Family	\$46.96 (\$1.54 per day)

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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.