

## Important Benefits Information



**Enrollment Information for:**  
Voluntary Life  
Voluntary Short Term Disability  
Voluntary Long Term Disability

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Mutual of Omaha Insurance Company is licensed nationwide. Affiliates: United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is licensed nationwide, except New York. Companion Life Insurance Company, 888 Veterans Memorial Highway, Suite 515, Hauppauge, NY 11788. Companion Life Insurance Company is licensed in New York.

Each company is solely responsible for its own contractual and financial obligations. Products not available in all states. Some exclusions, limitations and reductions may apply.



# The Need for Life Insurance

Life insurance is a simple answer to a very difficult question: how will my loved ones manage financially when I die? It's a subject no one really wants to think about. But if someone depends on you financially, it's one question you cannot avoid.

## Protection for Every Stage of Your Life

Whether you're single, married, have children or are close to retirement, having life insurance can help pay benefits to your loved ones after you die. This could help replace your income and allow the financial plans you put in place to continue uninterrupted.

## How Much is Enough?

The toughest part about buying life insurance is determining how much you need. Use the calculator to the right to determine how much you need.

## Why United of Omaha Life Insurance Company?

We consistently earn high ratings from leading independent rating agencies. The company holds an A+ (Superior)\* rating from A.M. Best Company. The Superior rating is the second highest of 16 ratings and reflects the organization's ability to meet the financial obligations of its policyholders.

### income replacement & assets

Annual income your loved ones need now and in the future (Current income multiplied by number years needed - for example:  
\$50k x 5 years = \$250,000) \$ \_\_\_\_\_  
subtotal (income) = \$ \_\_\_\_\_

### final expenses & other debt

Funeral Expenses \$ \_\_\_\_\_  
(\$15,000 is a reasonable estimate)  
Mortgage \$ \_\_\_\_\_  
Credit Card and other debt \$ \_\_\_\_\_  
(Balance, car loans, etc...) subtotal (debt) = \$ \_\_\_\_\_

### educational funds

College costs per person \$ \_\_\_\_\_  
(4 years at Private \$118,000/  
Public \$48,000 institution) subtotal (education) = \$ \_\_\_\_\_

### total life insurance needed

Income + Debt + Education = \$ \_\_\_\_\_  
total need for life insurance = \$ \_\_\_\_\_

You can trust United of Omaha Life Insurance Company for your financial needs.

\*As of 10/13

Ratings refer only to the overall financial status of the company, and are not a recommendation of the specific policy provisions, rates or practices of the insurance company.

Life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha is licensed nationwide, except in New York. Some exclusions, limitations and reductions may apply. Please contact United of Omaha Life Insurance Company for specific product details and policy provisions.

# VOLUNTARY TERM LIFE AND AD&D INSURANCE BENEFITS SUMMARY



For Employees of City of Charleston WV

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Dependent Eligibility Requirements</b>	To be eligible for coverage, your dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility).
<b>Minimum Work Hours</b>	You must be working a minimum of 2080 hours per year to be eligible for coverage.
<b>Coverage Payment</b>	You pay 100% of the premium for this coverage through easy payroll deduction.

## COVERAGE GUIDELINES

	<b>Employee</b>	<b>Spouse</b>	<b>Child(ren)</b>
<b>Election Options (All Guarantee Issue)</b>	\$10,000	\$10,000	\$5,000
	\$25,000	\$25,000	\$10,000
	\$50,000	\$50,000	
	\$100,000		
	\$150,000		
	\$200,000		

*Note: Subject to any reductions shown below. For Late Entrants, all coverage amounts will require a health application/evidence of insurability.*

## BENEFITS

<b>Life Insurance Benefit Amount</b>	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent child(ren). Children include those 14 days old, up to age 19 (25 if a full-time student).</p> <p><i>Note: In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i></p>
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	<p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>AD&amp;D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>

## FEATURES

<b>Living Care/Accelerated Death Benefit</b>	75% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$150,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Annual Benefit Amount Increase</b>	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment, up to the Guarantee Issue Amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child).
<b>Additional AD&amp;D Benefits</b>	<p>In addition to basic AD&amp;D benefits, you are protected by the following benefits:</p> <ul style="list-style-type: none"> <li>- Spouse Continuation of Coverage</li> <li>- Seat Belt</li> <li>- Repatriation</li> <li>- Child Care Center</li> <li>- Airbag</li> <li>- Common Carrier</li> <li>- Child Education</li> <li>- Spouse Education</li> </ul>

## FEATURES (CONTINUED)

<b>Portability</b>	The portability feature allows you to continue this insurance for yourself and your dependents (if applicable) should your employment end, subject to the terms of eligibility defined in the policy, without having to provide evidence of insurability (information about your health).
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

## AGE REDUCTIONS AND EXCLUSIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce to 65%. At age 70+ , amounts reduce to 25%. Spouse coverage terminates at age 70. Coverage terminates at retirement.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date of issue (the date coverage begins) of this coverage. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Term life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001. AD&D Policy Form Number 7000M-M-EZ 2001.*

## VOLUNTARY TERM LIFE AND AD&D COVERAGE SELECTION AND PREMIUM CALCULATION

*Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.*

**To select your benefit amount and calculate your premium, do the following:**

- 1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be one of the following options: \$10,000; \$25,000; \$50,000; \$100,000; \$150,000; \$200,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

**Employee Premium Table (12 Payroll Deductions Per Year)**

	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000
0 - 29	\$1.30	\$3.27	\$6.54	\$13.09	\$19.63	\$26.17
30 - 34	\$1.65	\$4.07	\$8.15	\$16.29	\$24.44	\$32.59
35 - 39	\$1.95	\$4.88	\$9.75	\$19.50	\$29.25	\$39.00
40 - 44	\$2.90	\$7.30	\$14.60	\$29.21	\$43.81	\$58.41
45 - 49	\$5.03	\$12.55	\$25.09	\$50.18	\$75.27	\$100.36
50 - 54	\$8.41	\$21.02	\$42.03	\$84.07	\$126.10	\$168.13
55 - 59	\$13.65	\$34.15	\$68.29	\$136.59	\$204.88	\$273.17
60 - 64	\$18.68	\$46.65	\$93.30	\$186.59	\$279.89	\$373.19
65 - 69	\$29.08	\$72.69	\$145.38	\$290.77	\$436.15	\$581.53
70+	\$46.45	\$116.13	\$232.27	\$464.53	\$696.80	\$929.07

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be one of the following options: \$10,000; \$25,000; \$50,000. Refer to the Coverage Guidelines section for minimums and maximums if needed.

**Spouse Premium Table (12 Payroll Deductions Per Year)**

	\$10,000	\$25,000	\$50,000
0 - 29	\$1.30	\$3.27	\$6.54
30 - 34	\$1.65	\$4.07	\$8.15
35 - 39	\$1.95	\$4.88	\$9.75
40 - 44	\$2.90	\$7.30	\$14.60
45 - 49	\$5.03	\$12.55	\$25.09
50 - 54	\$8.41	\$21.02	\$42.03
55 - 59	\$13.65	\$34.15	\$68.29
60 - 64	\$18.68	\$46.65	\$93.30
65 - 69	\$29.08	\$72.69	\$145.38

**All Children Premium Table (12 Payroll Deductions Per Year)\***

\$5,000	\$10,000
\$0.76	\$1.52

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

If you would like to calculate the total premium for your Voluntary Term Life and AD&D benefits (for your own information), enter the appropriate premium amounts below and add them to obtain a total.

_____	+	_____	+	_____	=	_____
Employee Premium		Spouse Premium		Child(ren) Premium		Total Premium



# The Need for Disability Insurance

Your ability to earn an income may be your most important asset. Most people wouldn't think twice about insuring their home, automobile or health. However, many do not recognize the need to insure their income. According to the American Payroll Association, 72% of American employees live paycheck to paycheck, without enough savings to cushion a financial blow.<sup>1</sup>

## How Much Do I Need?

A lengthy disability can be devastating, and is more common than you might think. It can result in a loss of income, independence and financial security. Consider how long your savings would pay for:

- Mortgage or rent
- Credit cards and other debts
- Health care
- Groceries
- Utilities
- Car Payments
- Other transportation
- Clothing

## Why United of Omaha?

We consistently earn high rating from leading independent rating agencies. The company holds an A+ (Superior)\* rating from A.M. Best Company. The Superior rating is the second highest of 16 ratings and reflects the organization's ability to meet the financial obligations of its policyholders.

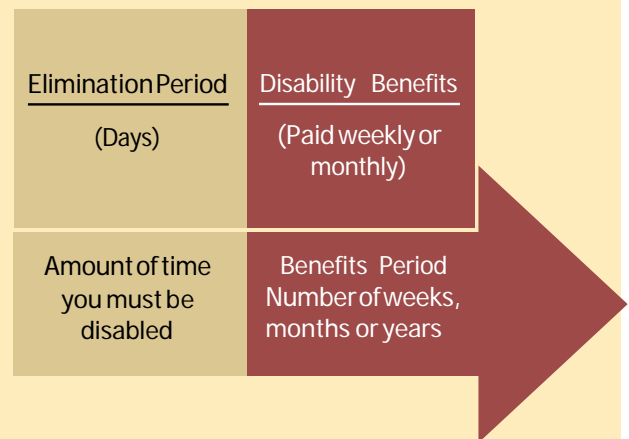
<sup>1</sup> American Payroll Association, "Getting Paid in America" survey, 2010

\* As of 2/12. Ratings refer only to the overall financial status of the company, and are not a recommendation of the specific policy provisions, rates or practices of the insurance company.

Disability insurance underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is licensed in all states except New York. Policy form: 7000GM-U-EZ 2010 or state equivalent (In FL: 7000GM-U-EZ 2001 FL 02; In NC: 7000GM-U-EZ 2010 NC).

## Easy-To-Understand Protection

- **Elimination Period** – The amount of time you must be disabled before benefits begin
- **Benefit Amount** – The amount paid directly to you for as long as you're disabled or until you've reached the plan's Maximum Benefit Period
- **Maximum Benefit Period** – The longest period of time benefits are payable to you
- **Continuation of Benefits** – Under this feature, your disability insurance coverage continues at no cost to you while you are receiving benefits



<b>ELIGIBILITY - ALL ELIGIBLE EMPLOYEES</b>	
<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours</b>	You must be working a minimum of 2080 hours per year to be eligible for coverage.
<b>Coverage Payment</b>	You pay 100% of the premium for this coverage through easy payroll deduction.
<b>BENEFITS</b>	
<b>Benefits Begin (Elimination Period)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> <li>• On the 31st day of your disabling injury.</li> <li>• On the 31st day of your disabling illness.</li> </ul>
<b>Weekly Benefit</b>	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount.
<b>Maximum Benefit Period</b>	Short-term disability benefits are available for up to 11 weeks .
<b>Maximum Weekly Benefit</b>	\$1,000
<b>Minimum Weekly Benefit</b>	\$25
<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
<b>Definition of Weekly Earnings</b>	Weekly earnings for salaried employees is based on your gross annual salary in effect prior to the onset of disability. Weekly earnings for hourly employees is based on your average hourly rate of pay in effect prior to the onset of disability. These earnings are used to determine your benefit in the event of claim. Earnings may include commissions, bonuses, overtime or differentials.
<b>FEATURES</b>	
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a weekly benefit increase of 5%.
<b>Waiver of Premium</b>	The premium for your short-term disability coverage is waived while you are receiving benefits.
<i>Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.</i>	
<b>EXCLUSIONS &amp; LIMITATIONS</b>	
Information about the exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.	

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Short-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.*



# VOLUNTARY SHORT-TERM DISABILITY INSURANCE BENEFITS SUMMARY



**For Employees of City of Charleston WV**

## VOLUNTARY SHORT-TERM DISABILITY BENEFIT AND PREMIUM CALCULATION

Use the rates in the Age/Rate Table to calculate your premium for voluntary Short-term disability coverage in the worksheet below, using the example as a guide.

Age/Rate Table	
Age Band	Rate (Per \$10 of Weekly Benefit)
0 - 39	\$.14
40 - 44	\$.15
45 - 49	\$.18
50 - 54	\$.21
55 - 59	\$.29
60 - 64	\$.36
65 - 69	\$.40
70+	\$.44

Benefit and Premium Calculation Example	
<i>This example is for a 42-year-old employee earning \$42,000 a year.</i>	
A. Enter your annual salary	\$42,000.00
B. Enter the Weekly Benefit percentage	60%
C. Multiply "A" times "B"	\$25,200.00
D. Divide "C" by 52	\$484.62
E. Enter the Maximum Weekly Benefit	\$1,000.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	\$484.62
G. Divide "F" by \$10	\$48.46
H. Enter the rate for your age (from the Age/Rate Table)	\$.15
I. Multiply "G" times "H"	\$7.27
J. Multiply "I" by 12	\$87.23
K. Enter the annual pay cycle	12
L. Divide "J" by "K"; This is your premium (cost per paycheck)	\$7.27

\*If you are uncertain what your current annual salary is, please consult your employer.

### To enroll for short-term disability coverage:

- 1) Enter the amount from line "F" in your worksheet into the Voluntary Short-Term Disability Benefit Amount section on your enrollment form.
- 2) Enter the amount from line "L" in your worksheet into the Voluntary Short-Term Disability Premium Amount section on your enrollment form.

<b>ELIGIBILITY - ALL ELIGIBLE EMPLOYEES</b>	
<b>Eligibility Requirement</b>	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
<b>Minimum Work Hours</b>	You must be working a minimum of 2080 hours per year to be eligible for coverage.
<b>Coverage Payment</b>	You pay 100% of the premium for this coverage through easy payroll deduction.
<b>BENEFITS</b>	
<b>Benefits Begin (Elimination Period)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin 90 days after the onset of your disabling injury or illness.
<b>Monthly Benefit</b>	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.
<b>Maximum Benefit Period</b>	If you become disabled prior to age 68, benefits are payable for two years. At age 68, benefits are payable to age 70 for at least one year. At age 69 (and older), benefits are payable for one year.
<b>Maximum Monthly Benefit</b>	\$5,000
<b>Minimum Monthly Benefit</b>	\$100 / 15%
<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	<p>Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are:</p> <ul style="list-style-type: none"> <li>▪ Prevented from performing at least one of the material duties of your regular occupation during the first 24 months of disability and after 24 months are unable to perform all of the material duties of any gainful occupation; and</li> <li>▪ During the first 24 months of disability are unable to generate current earnings which exceed 99% of your monthly earnings from your regular occupation, and after 24 months if partially disabled, are unable to generate current earnings which exceed 85% of your monthly earnings from any gainful occupation.</li> </ul> <p>You can be totally or partially disabled during the elimination period.</p>
<b>Definition of Monthly Earnings</b>	Monthly earnings for salaried employees is based on your gross annual salary in effect prior to the onset of disability. Monthly earnings for hourly employees is based on your average hourly rate of pay in effect prior to the onset of disability. These earnings are used to determine your benefit in the event of claim. Earnings may include commissions, bonuses, overtime or differentials.
<b>FEATURES</b>	
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving long-term disability benefits, your benefits will be provided to your beneficiaries for a period of time after your death.
<b>Waiver of Premium</b>	The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Alcohol &amp; Drug Abuse</b>	For disabilities related to drug and alcohol abuse, benefits are available for up to 24 months.
<b>Mental Disorders</b>	For disabilities related to mental disorders, benefits are available for up to 24 months.

# VOLUNTARY LONG-TERM DISABILITY INSURANCE BENEFITS SUMMARY



For Employees of City of Charleston WV

## FEATURES (CONTINUED)

*Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.*

## EXCLUSIONS & LIMITATIONS

<b>Pre-existing Conditions Exclusion</b>	Disabilities that occur during the first 12 months of coverage due to a pre-existing condition during the 12 months prior to coverage are excluded.
<b>Other Exclusions</b>	Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

*This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by Mutual of Omaha. Long-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.*

## VOLUNTARY LONG-TERM DISABILITY BENEFIT AND PREMIUM CALCULATION

Use the rates in the Age/Rate Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

Age/Rate Table	
Age	Rate (% of payroll)
0 - 29	\$ .0011
30 - 34	\$ .0014
35 - 39	\$ .0018
40 - 44	\$ .0021
45 - 49	\$ .0038
50 - 54	\$ .0056
55 - 59	\$ .0099
60 - 64	\$ .0146
65 - 69	\$ .0153
70+	\$ .0091

Benefit and Premium Calculation Example	
<i>This example is for a 42-year-old employee earning \$42,000 a year.</i>	
A. Enter your annual salary*	\$42,000.00
B. Enter the Monthly Benefit percentage	60%
C. Multiply "A" times "B"	\$25,200.00
D. Divide "C" by 12	\$2,100.00
E. Enter the Maximum Monthly Benefit	\$5,000.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	\$2,100.00
G. Divide "F" by 60%	\$3,500.00
H. Multiply "G" by 12	\$42,000.00
I. Enter the rate for your age (from the Age/Rate Table)	\$.0021
J. Multiply "H" times "I"	\$88.20
K. Enter the annual pay cycle	12
L. Divide "J" by "K"; This is your premium (cost per paycheck)	\$7.35

Benefit and Premium Calculation Worksheet	
A. Enter your annual salary*	
B. Enter the Monthly Benefit percentage	60%
C. Multiply "A" times "B"	
D. Divide "C" by 12	
E. Enter the Maximum Monthly Benefit	\$5,000.00
F. Enter the lesser of "D" or "E"; This is your benefit amount	
G. Divide "F" by 60%	
H. Multiply "G" by 12	
I. Enter the rate for your age (from the Age/Rate Table)	
J. Multiply "H" times "I"	
K. Enter the annual pay cycle	12
L. Divide "J" by "K"; This is your premium (cost per paycheck)	

\*If you are uncertain what your current annual salary is, please consult your employer

### To enroll for long-term disability coverage:

- 1) Enter the amount from line "F" in your worksheet into the Voluntary Long-Term Disability Benefit Amount section on your enrollment form.
- 2) Enter the amount from line "L" in your worksheet into the Voluntary Long-Term Disability Premium Amount section on your enrollment form.