

PREMIUM WORKSHEET



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

You are considered a tobacco user if you have smoked cigarettes, cigars or a pipe, or used chewing tobacco, nicotine chewing gum or snuff during the 12 months before submitting an application for insurance.

DisabilityFLEX® (VOLUNTARY SHORT TERM DISABILITY INSURANCE)														
Monthly Premium Amount (Cost per Pay Period – 12/Year)														
OPTION 1: Benefits Begin: 8 th day Duration: 13 weeks					OPTION 2: Benefits Begin: 15 th day Duration: 13 weeks					OPTION 3: Benefits Begin: 30 th 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)														
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)

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	\$46.69 (\$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.