

State of New Hampshire Disability Plan Contribution Worksheet

This worksheet allows you to approximate your monthly contributions for Short Term Disability (STD) coverage effective January 1, 2016. Actual contributions will be calculated by The Allumbaugh Agency – 800-639-4025.

AGE BANDED RATES BY PLAN OPTION

Option 1 Plan – 07/26 Plan

AGE	RATE PER \$10 Benefit
17-24	\$0.97
25-29	\$1.019
30-39	\$1.044
40-44	\$0.945
45-49	\$1.019
50-54	\$1.243
55-59	\$1.541
60-64	\$1.890
65+	\$2.238

Option 2 Plan – 14/14/52 Plan

AGE	RATE PER \$10 Benefit
17-24	\$1.019
25-29	\$1.071
30-39	\$1.097
40-44	\$0.992
45-49	\$1.071
50-54	\$1.306
55-59	\$1.619
60-64	\$1.985
65+	\$2.351

Sample STD Premium Calculation:

(Assuming an annual salary of \$30,000/Age 37 – Option 1)

A. GROSS Annual Earnings	\$ 30,000
B. Weekly Earnings <i>(A. divided by 52)</i>	\$ 576.92
C. Maximum Weekly Benefit You Can Elect The maximum weekly benefit amount you can elect is 70% of your weekly earnings <i>(.B times .70)</i>	\$ 404.00
D. Determine your election amount Choose a STD weekly benefit amount: You can choose any amount from \$100 to \$1,000 in \$10 increments. <i>The maximum you can choose is equal to or less than amount in C.</i>	\$ 300.00
E. Value Per \$10 <i>(D divided by 10)</i>	30
F. Age Banded Rate <i>(find your age and rate based on STD Option 1 or Option 2 above)</i>	\$ 1.044
G. Estimated Monthly Premium <i>(E. times F.)</i>	\$ 31.32
H. Estimated Per Payroll Deduction <i>(G. times 12 divided by 26) (\$31.31 x 12 / 26)</i>	\$ 14.46

Your Short Term Disability Contribution Calculation:

Calculations for Option 1 Plan

A. GROSS Annual Earnings	\$
B. Weekly Earnings <i>(A. divided by 52)</i>	\$
C. Maximum Weekly Benefit The maximum is 70% of your weekly earnings <i>(.B times .70)</i>	\$
D. Determine your election amount Choose a STD weekly benefit amount: \$100 to \$1,000 in \$10 increments. <i>Must be less than or equal to C.</i>	\$
E. Value Per \$10 <i>(D divided by 10)</i>	\$
F. Age Banded Rate <i>(use rate chart to find your age & rate for STD Option 1 or Option 2 Plan)</i>	\$
G. Estimated Monthly Premium <i>(Amount in E. times F.)</i>	\$
H. Estimated Per Payroll Deduction <i>(G. times 12 divided by 26)</i>	\$

Calculations for Option 2 Plan

A. GROSS Annual Earnings	\$
B. Weekly Earnings <i>(A. divided by 52)</i>	\$
C. Maximum Weekly Benefit The maximum is 70% of your weekly earnings <i>(.B times .70)</i>	\$
D. Determine your election amount Choose a STD weekly benefit amount: \$100 to \$1,000 in \$10 increments. <i>Must be less than or equal to C.</i>	\$
E. Value Per \$10 <i>(D divided by 10)</i>	\$
F. Age Banded Rate <i>(use rate chart to find your age & rate for STD Option 1 or Option 2 Plan)</i>	\$
G. Estimated Monthly Premium <i>(Amount in E. times F.)</i>	\$
H. Estimated Per Payroll Deduction <i>(G. times 12 divided by 26)</i>	\$