

# Voluntary Long-Term Disability insurance (Educators)

## Benefit Highlights

For all eligible employees of Ropes Independent School District, Policy #971101

Voluntary Long-Term Disability insurance provides you with a monthly benefit for when a covered disability like a back injury or chronic illness takes you away from work for an extended time.

### Coverage amount[s]

- Get a monthly check—after your claim is approved—of \$100 to \$8,000, in any \$100 increment you choose, to replace a portion of your income—up to 66.67% of your Total Monthly Earnings.
- Keep in mind that other sources of income could reduce your benefit amount.
- Your cost depends on factors such as your age and monthly earnings.

### More about Sun Life's Voluntary Long-Term Disability insurance

- Choose how soon your benefit payments will begin, after your claim is approved (*elimination period*).
  - Choice 1 – 7 days Accident or Illness
  - Choice 2 – 14 days Accident or Illness
  - Choice 3 – 30 days Accident or Illness
  - Choice 4 – 60 days Accident or Illness
  - Choice 5 – 90 days Accident or Illness
  - Choice 6 – 180 days Accident or Illness
- First-Day Hospitalization for Choices 1, 2 and 3. This benefit helps protect hospitalized employees by providing immediate benefits with no elimination period.
- Receive benefits after your claim is approved—for as long as you are still unable to work due to a covered disability, provided you are still eligible to receive benefits. Your benefit duration is:
  - Until you reach the Social Security Normal Retirement Age—as long as you are still unable to work due to a covered disability.
- Qualify for additional benefits if your covered disability begins with a hospital stay of 14 days or more.
- Work with a certified rehabilitation specialist, when appropriate, to create a return-to-work plan (for longer-term claims) that's right for you.

### How Sun Life's Voluntary Long-Term Disability insurance can help

Mark was in his late-40s when he started experiencing blurry vision and was diagnosed with partial blindness as a complication of diabetes. He was no longer able to perform his duties as a technology professional.

Fortunately, Mark took advantage of the opportunity to sign up for Voluntary Long-Term Disability insurance through work. Mark filed a claim because he was unable to work due to a covered disability. After his claim was approved, he started receiving monthly benefits after he satisfied the elimination period and began to work with Sun Life on a transitional return-to-work plan. His employer agreed to make the necessary workplace accommodations to get Mark back to work. His long-term disability coverage helped Mark by:

- replacing a portion of his income while he was unable to work, and
- creating and implementing a return-to-work plan.

Having disability insurance allowed Mark to focus on returning to work and not on his finances.

## Disability Q&A

### What happens if I become disabled?

Contact your employer to report your disability and to check whether you are insured under the policy and eligible to file a claim. You will have to wait a certain number of days for your benefits to kick in after you are no longer able to work due to a covered disability.

### How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period and meet the definition of disability.

### What if I try to come back to work during a disability?

Your plan has many provisions that encourage and support your return to work. You may receive a portion of your regular long-term disability benefit while working and still be considered disabled.

### Do I need to answer any health questions to enroll for this coverage?

You will be required to answer health questions if you decline coverage and want to elect or increase coverage at a later date, or if you request an amount higher than the Guaranteed Issue limit, noted in the table, if applicable. The health questions are included in our "Evidence of Insurability" application, which must be approved by Sun Life before the coverage takes effect.

### What if I have a pre-existing condition?

For a period of time following the effective date of your insurance, we may not pay a benefit for a pre-existing condition for which you previously sought medical treatment, consultation, advice, care or services, regardless of whether the condition was diagnosed or suspected at that time; or took prescribed drugs or medicine. Read the exclusions and limitations for more information.

### How do I file a claim?

To file your claim, we need to receive information from you about your doctor, your income and your critical condition. We'll ask for you to authorize the release and disclosure of information, like medical records, to help us evaluate your claim. Your doctor will also need to fill out a form that provides us with specific medical information about your condition and expected recovery. Forms can be downloaded from our website. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

### Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

# How much insurance do I need?

Use this worksheet to add up your monthly expenses and determine the amount of income you might need to replace if you were unable to work.

Mortgage/rent	\$	Family care (e.g., education and childcare costs)	\$
Car or transit payments	\$	Groceries	\$
Health insurance or out-of-pocket expenses	\$	Utilities	\$
Loans	\$	Other	\$
Credit card debt	\$	<b>Total monthly expenses</b>	\$

This worksheet is provided for informational purposes only. It should not be relied on as financial advice or solicitation of insurance. You may wish to consult an independent financial professional for advice.

# Important Plan Provisions

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Refer to the Certificate for details.

## Limitations and exclusions\*

No benefit is payable to you under the Policy for any Period of Disability or other loss for which benefits are payable that is caused by, contributed to in any way or resulting from:

- intentionally self-inflicted injuries;
- war, declared or undeclared, or any act of war; or your active duty in any armed service during a time of war;
- a Pre-existing Condition, except:
  - if your Disability begins later than 12 months after your effective date or later than 3 months after the effective date of any increase in your amount of insurance;
  - for the initial amount of insurance or for any subsequent increases if you have been insured under the Policy for the immediately preceding 3 consecutive months prior to your Disability and during that period you have not:
    - sought medical treatment, consultation, advice, care or services, including diagnostic measures for the condition, regardless of whether the condition was diagnosed or suspected at that time; or
    - took prescribed drugs or medicines for the condition;
    - cost of living, contract, or periodic salary review increases;
- your active Participation in a Riot, Rebellion or Insurrection;
- your committing or attempting to commit an assault, felony, or other criminal act; or
- your operation of any motorized vehicle while under the influence of any illegal substance or medication not prescribed by a Physician, or while Intoxicated.

No benefit is payable to you under the Policy for any Period of Disability or other loss:

- while you are not under the Continuing Care of a Physician for the Accident or Sickness causing your Disability, unless you have reached your maximum point of recovery and are still Disabled;
- for any period you do not submit to any medical examination or clinical assessment requested by us; or
- for any Period of disability during which you are incarcerated.

\*The above exclusions and limitations may vary by state law and regulations. Please see the certificate or ask your benefits administrator for information on Elimination Periods, Waiting Periods, and Pre-Existing Conditions limitations, where applicable.

## Keep your life, and your bills, on track while you recover from an illness or injury.

If you decline coverage during your initial eligibility period and want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability application, which must be approved by Sun Life prior to coverage taking effect.

This coverage does not constitute comprehensive health insurance (often referred to as “major medical coverage”) and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act.

If your disability coverage is paid with pre-tax dollars, the benefit payments will be fully or partially taxable under federal tax law based on the percentage of the premiums paid with pre-tax dollars. State tax laws for disability benefit payments vary and other tax considerations apply. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

Group Voluntary Long-Term Disability coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01 and 16-DI-C-01.



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# Rate Sheet - Choice 1

**Employee** – Coverage and **Monthly** cost for Long Term Disability.

*Rates are effective as of September 1, 2024.*

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Age and Cost		
Annual Earnings	Monthly Coverage Amounts	99+
\$2,000	\$100	2.84
\$4,000	\$200	5.68
\$6,000	\$300	8.52
\$8,000	\$400	11.36
\$10,000	\$500	14.20
\$12,000	\$600	17.04
\$14,000	\$700	19.88
\$16,000	\$800	22.72
\$18,000	\$900	25.56
\$20,000	\$1,000	28.40
\$22,000	\$1,100	31.24
\$24,000	\$1,200	34.08
\$26,000	\$1,300	36.92
\$28,000	\$1,400	39.76
\$30,000	\$1,500	42.60
\$32,000	\$1,600	45.44
\$34,000	\$1,700	48.28
\$36,000	\$1,800	51.12
\$38,000	\$1,900	53.96
\$40,000	\$2,000	56.80
\$42,000	\$2,100	59.64
\$44,000	\$2,200	62.48
\$46,000	\$2,300	65.32
\$48,000	\$2,400	68.16
\$50,000	\$2,500	71.00
\$52,000	\$2,600	73.84
\$54,000	\$2,700	76.68
\$56,000	\$2,800	79.52
\$58,000	\$2,900	82.36
\$60,000	\$3,000	85.20
\$62,000	\$3,100	88.04
\$64,000	\$3,200	90.88
\$66,000	\$3,300	93.72
\$68,000	\$3,400	96.56
\$70,000	\$3,500	99.40
\$72,000	\$3,600	102.24
\$74,000	\$3,700	105.08
\$76,000	\$3,800	107.92
\$78,000	\$3,900	110.76
\$80,000	\$4,000	113.60
\$82,000	\$4,100	116.44
\$84,000	\$4,200	119.28
\$86,000	\$4,300	122.12
\$88,000	\$4,400	124.96
\$90,000	\$4,500	127.80
\$92,000	\$4,600	130.64
\$94,000	\$4,700	133.48

Age and Cost		
Annual Earnings	Monthly Coverage Amounts	99+
\$96,000	\$4,800	136.32
\$98,000	\$4,900	139.16
\$100,000	\$5,000	142.00
\$102,000	\$5,100	144.84
\$104,000	\$5,200	147.68
\$106,000	\$5,300	150.52
\$108,000	\$5,400	153.36
\$110,000	\$5,500	156.20
\$112,000	\$5,600	159.04
\$114,000	\$5,700	161.88
\$116,000	\$5,800	164.72
\$118,000	\$5,900	167.56
\$120,000	\$6,000	170.40
\$122,000	\$6,100	173.24
\$124,000	\$6,200	176.08
\$126,000	\$6,300	178.92
\$128,000	\$6,400	181.76
\$130,000	\$6,500	184.60
\$132,000	\$6,600	187.44
\$134,000	\$6,700	190.28
\$136,000	\$6,800	193.12
\$138,000	\$6,900	195.96
\$140,000	\$7,000	198.80
\$142,000	\$7,100	201.64
\$144,000	\$7,200	204.48
\$146,000	\$7,300	207.32
\$148,000	\$7,400	210.16
\$150,000	\$7,500	213.00
\$152,000	\$7,600	215.84
\$154,000	\$7,700	218.68
\$156,000	\$7,800	221.52
\$158,000	\$7,900	224.36
\$160,000	\$8,000	227.20

# Rate Sheet - Choice 2

**Employee** – Coverage and **Monthly** cost for Long Term Disability.

*Rates are effective as of September 1, 2024.*

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Annual Earnings	Monthly Coverage Amounts	Age and Cost
		99+
\$2,000	\$100	2.62
\$4,000	\$200	5.24
\$6,000	\$300	7.86
\$8,000	\$400	10.48
\$10,000	\$500	13.10
\$12,000	\$600	15.72
\$14,000	\$700	18.34
\$16,000	\$800	20.96
\$18,000	\$900	23.58
\$20,000	\$1,000	26.20
\$22,000	\$1,100	28.82
\$24,000	\$1,200	31.44
\$26,000	\$1,300	34.06
\$28,000	\$1,400	36.68
\$30,000	\$1,500	39.30
\$32,000	\$1,600	41.92
\$34,000	\$1,700	44.54
\$36,000	\$1,800	47.16
\$38,000	\$1,900	49.78
\$40,000	\$2,000	52.40
\$42,000	\$2,100	55.02
\$44,000	\$2,200	57.64
\$46,000	\$2,300	60.26
\$48,000	\$2,400	62.88
\$50,000	\$2,500	65.50
\$52,000	\$2,600	68.12
\$54,000	\$2,700	70.74
\$56,000	\$2,800	73.36
\$58,000	\$2,900	75.98
\$60,000	\$3,000	78.60
\$62,000	\$3,100	81.22
\$64,000	\$3,200	83.84
\$66,000	\$3,300	86.46
\$68,000	\$3,400	89.08
\$70,000	\$3,500	91.70
\$72,000	\$3,600	94.32
\$74,000	\$3,700	96.94
\$76,000	\$3,800	99.56
\$78,000	\$3,900	102.18
\$80,000	\$4,000	104.80
\$82,000	\$4,100	107.42
\$84,000	\$4,200	110.04
\$86,000	\$4,300	112.66
\$88,000	\$4,400	115.28
\$90,000	\$4,500	117.90
\$92,000	\$4,600	120.52
\$94,000	\$4,700	123.14



Age and Cost		
Annual Earnings	Monthly Coverage Amounts	99+
\$96,000	\$4,800	125.76
\$98,000	\$4,900	128.38
\$100,000	\$5,000	131.00
\$102,000	\$5,100	133.62
\$104,000	\$5,200	136.24
\$106,000	\$5,300	138.86
\$108,000	\$5,400	141.48
\$110,000	\$5,500	144.10
\$112,000	\$5,600	146.72
\$114,000	\$5,700	149.34
\$116,000	\$5,800	151.96
\$118,000	\$5,900	154.58
\$120,000	\$6,000	157.20
\$122,000	\$6,100	159.82
\$124,000	\$6,200	162.44
\$126,000	\$6,300	165.06
\$128,000	\$6,400	167.68
\$130,000	\$6,500	170.30
\$132,000	\$6,600	172.92
\$134,000	\$6,700	175.54
\$136,000	\$6,800	178.16
\$138,000	\$6,900	180.78
\$140,000	\$7,000	183.40
\$142,000	\$7,100	186.02
\$144,000	\$7,200	188.64
\$146,000	\$7,300	191.26
\$148,000	\$7,400	193.88
\$150,000	\$7,500	196.50
\$152,000	\$7,600	199.12
\$154,000	\$7,700	201.74
\$156,000	\$7,800	204.36
\$158,000	\$7,900	206.98
\$160,000	\$8,000	209.60

# Rate Sheet - Choice 3

**Employee** – Coverage and **Monthly** cost for Long Term Disability.

*Rates are effective as of September 1, 2024.*

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Annual Earnings	Monthly Coverage Amounts	Age and Cost	
			99+
\$2,000	\$100		2.30
\$4,000	\$200		4.60
\$6,000	\$300		6.90
\$8,000	\$400		9.20
\$10,000	\$500		11.50
\$12,000	\$600		13.80
\$14,000	\$700		16.10
\$16,000	\$800		18.40
\$18,000	\$900		20.70
\$20,000	\$1,000		23.00
\$22,000	\$1,100		25.30
\$24,000	\$1,200		27.60
\$26,000	\$1,300		29.90
\$28,000	\$1,400		32.20
\$30,000	\$1,500		34.50
\$32,000	\$1,600		36.80
\$34,000	\$1,700		39.10
\$36,000	\$1,800		41.40
\$38,000	\$1,900		43.70
\$40,000	\$2,000		46.00
\$42,000	\$2,100		48.30
\$44,000	\$2,200		50.60
\$46,000	\$2,300		52.90
\$48,000	\$2,400		55.20
\$50,000	\$2,500		57.50
\$52,000	\$2,600		59.80
\$54,000	\$2,700		62.10
\$56,000	\$2,800		64.40
\$58,000	\$2,900		66.70
\$60,000	\$3,000		69.00
\$62,000	\$3,100		71.30
\$64,000	\$3,200		73.60
\$66,000	\$3,300		75.90
\$68,000	\$3,400		78.20
\$70,000	\$3,500		80.50
\$72,000	\$3,600		82.80
\$74,000	\$3,700		85.10
\$76,000	\$3,800		87.40
\$78,000	\$3,900		89.70
\$80,000	\$4,000		92.00
\$82,000	\$4,100		94.30
\$84,000	\$4,200		96.60
\$86,000	\$4,300		98.90
\$88,000	\$4,400		101.20
\$90,000	\$4,500		103.50
\$92,000	\$4,600		105.80
\$94,000	\$4,700		108.10

Age and Cost		
Annual Earnings	Monthly Coverage Amounts	99+
\$96,000	\$4,800	110.40
\$98,000	\$4,900	112.70
\$100,000	\$5,000	115.00
\$102,000	\$5,100	117.30
\$104,000	\$5,200	119.60
\$106,000	\$5,300	121.90
\$108,000	\$5,400	124.20
\$110,000	\$5,500	126.50
\$112,000	\$5,600	128.80
\$114,000	\$5,700	131.10
\$116,000	\$5,800	133.40
\$118,000	\$5,900	135.70
\$120,000	\$6,000	138.00
\$122,000	\$6,100	140.30
\$124,000	\$6,200	142.60
\$126,000	\$6,300	144.90
\$128,000	\$6,400	147.20
\$130,000	\$6,500	149.50
\$132,000	\$6,600	151.80
\$134,000	\$6,700	154.10
\$136,000	\$6,800	156.40
\$138,000	\$6,900	158.70
\$140,000	\$7,000	161.00
\$142,000	\$7,100	163.30
\$144,000	\$7,200	165.60
\$146,000	\$7,300	167.90
\$148,000	\$7,400	170.20
\$150,000	\$7,500	172.50
\$152,000	\$7,600	174.80
\$154,000	\$7,700	177.10
\$156,000	\$7,800	179.40
\$158,000	\$7,900	181.70
\$160,000	\$8,000	184.00

# Rate Sheet - Choice 4

**Employee** – Coverage and **Monthly** cost for Long Term Disability.

*Rates are effective as of September 1, 2024.*

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Annual Earnings	Monthly Coverage Amounts	Age and Cost	
			99+
\$2,000	\$100		1.10
\$4,000	\$200		2.20
\$6,000	\$300		3.30
\$8,000	\$400		4.40
\$10,000	\$500		5.50
\$12,000	\$600		6.60
\$14,000	\$700		7.70
\$16,000	\$800		8.80
\$18,000	\$900		9.90
\$20,000	\$1,000		11.00
\$22,000	\$1,100		12.10
\$24,000	\$1,200		13.20
\$26,000	\$1,300		14.30
\$28,000	\$1,400		15.40
\$30,000	\$1,500		16.50
\$32,000	\$1,600		17.60
\$34,000	\$1,700		18.70
\$36,000	\$1,800		19.80
\$38,000	\$1,900		20.90
\$40,000	\$2,000		22.00
\$42,000	\$2,100		23.10
\$44,000	\$2,200		24.20
\$46,000	\$2,300		25.30
\$48,000	\$2,400		26.40
\$50,000	\$2,500		27.50
\$52,000	\$2,600		28.60
\$54,000	\$2,700		29.70
\$56,000	\$2,800		30.80
\$58,000	\$2,900		31.90
\$60,000	\$3,000		33.00
\$62,000	\$3,100		34.10
\$64,000	\$3,200		35.20
\$66,000	\$3,300		36.30
\$68,000	\$3,400		37.40
\$70,000	\$3,500		38.50
\$72,000	\$3,600		39.60
\$74,000	\$3,700		40.70
\$76,000	\$3,800		41.80
\$78,000	\$3,900		42.90
\$80,000	\$4,000		44.00
\$82,000	\$4,100		45.10
\$84,000	\$4,200		46.20
\$86,000	\$4,300		47.30
\$88,000	\$4,400		48.40
\$90,000	\$4,500		49.50
\$92,000	\$4,600		50.60
\$94,000	\$4,700		51.70

Age and Cost		
Annual Earnings	Monthly Coverage Amounts	99+
\$96,000	\$4,800	52.80
\$98,000	\$4,900	53.90
\$100,000	\$5,000	55.00
\$102,000	\$5,100	56.10
\$104,000	\$5,200	57.20
\$106,000	\$5,300	58.30
\$108,000	\$5,400	59.40
\$110,000	\$5,500	60.50
\$112,000	\$5,600	61.60
\$114,000	\$5,700	62.70
\$116,000	\$5,800	63.80
\$118,000	\$5,900	64.90
\$120,000	\$6,000	66.00
\$122,000	\$6,100	67.10
\$124,000	\$6,200	68.20
\$126,000	\$6,300	69.30
\$128,000	\$6,400	70.40
\$130,000	\$6,500	71.50
\$132,000	\$6,600	72.60
\$134,000	\$6,700	73.70
\$136,000	\$6,800	74.80
\$138,000	\$6,900	75.90
\$140,000	\$7,000	77.00
\$142,000	\$7,100	78.10
\$144,000	\$7,200	79.20
\$146,000	\$7,300	80.30
\$148,000	\$7,400	81.40
\$150,000	\$7,500	82.50
\$152,000	\$7,600	83.60
\$154,000	\$7,700	84.70
\$156,000	\$7,800	85.80
\$158,000	\$7,900	86.90
\$160,000	\$8,000	88.00

# Rate Sheet - Choice 5

**Employee** – Coverage and **Monthly** cost for Long Term Disability.

*Rates are effective as of September 1, 2024.*

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Age and Cost		
Annual Earnings	Monthly Coverage Amounts	99+
\$2,000	\$100	0.84
\$4,000	\$200	1.68
\$6,000	\$300	2.52
\$8,000	\$400	3.36
\$10,000	\$500	4.20
\$12,000	\$600	5.04
\$14,000	\$700	5.88
\$16,000	\$800	6.72
\$18,000	\$900	7.56
\$20,000	\$1,000	8.40
\$22,000	\$1,100	9.24
\$24,000	\$1,200	10.08
\$26,000	\$1,300	10.92
\$28,000	\$1,400	11.76
\$30,000	\$1,500	12.60
\$32,000	\$1,600	13.44
\$34,000	\$1,700	14.28
\$36,000	\$1,800	15.12
\$38,000	\$1,900	15.96
\$40,000	\$2,000	16.80
\$42,000	\$2,100	17.64
\$44,000	\$2,200	18.48
\$46,000	\$2,300	19.32
\$48,000	\$2,400	20.16
\$50,000	\$2,500	21.00
\$52,000	\$2,600	21.84
\$54,000	\$2,700	22.68
\$56,000	\$2,800	23.52
\$58,000	\$2,900	24.36
\$60,000	\$3,000	25.20
\$62,000	\$3,100	26.04
\$64,000	\$3,200	26.88
\$66,000	\$3,300	27.72
\$68,000	\$3,400	28.56
\$70,000	\$3,500	29.40
\$72,000	\$3,600	30.24
\$74,000	\$3,700	31.08
\$76,000	\$3,800	31.92
\$78,000	\$3,900	32.76
\$80,000	\$4,000	33.60
\$82,000	\$4,100	34.44
\$84,000	\$4,200	35.28
\$86,000	\$4,300	36.12
\$88,000	\$4,400	36.96
\$90,000	\$4,500	37.80
\$92,000	\$4,600	38.64
\$94,000	\$4,700	39.48

Age and Cost		
Annual Earnings	Monthly Coverage Amounts	99+
\$96,000	\$4,800	40.32
\$98,000	\$4,900	41.16
\$100,000	\$5,000	42.00
\$102,000	\$5,100	42.84
\$104,000	\$5,200	43.68
\$106,000	\$5,300	44.52
\$108,000	\$5,400	45.36
\$110,000	\$5,500	46.20
\$112,000	\$5,600	47.04
\$114,000	\$5,700	47.88
\$116,000	\$5,800	48.72
\$118,000	\$5,900	49.56
\$120,000	\$6,000	50.40
\$122,000	\$6,100	51.24
\$124,000	\$6,200	52.08
\$126,000	\$6,300	52.92
\$128,000	\$6,400	53.76
\$130,000	\$6,500	54.60
\$132,000	\$6,600	55.44
\$134,000	\$6,700	56.28
\$136,000	\$6,800	57.12
\$138,000	\$6,900	57.96
\$140,000	\$7,000	58.80
\$142,000	\$7,100	59.64
\$144,000	\$7,200	60.48
\$146,000	\$7,300	61.32
\$148,000	\$7,400	62.16
\$150,000	\$7,500	63.00
\$152,000	\$7,600	63.84
\$154,000	\$7,700	64.68
\$156,000	\$7,800	65.52
\$158,000	\$7,900	66.36
\$160,000	\$8,000	67.20

# Rate Sheet - Choice 6

**Employee** – Coverage and **Monthly** cost for Long Term Disability.

*Rates are effective as of September 1, 2024.*

The chart below shows possible coverage amounts and corresponding costs per Monthly pay period.

Locate the annual earnings closest to your salary, without exceeding it. The corresponding coverage amount represents the maximum coverage you could select.

Find your age bracket (as of the effective date of coverage) to determine the associated cost for the coverage amount you choose.

Annual Earnings	Monthly Coverage Amounts	Age and Cost
		99+
\$2,000	\$100	0.65
\$4,000	\$200	1.30
\$6,000	\$300	1.95
\$8,000	\$400	2.60
\$10,000	\$500	3.25
\$12,000	\$600	3.90
\$14,000	\$700	4.55
\$16,000	\$800	5.20
\$18,000	\$900	5.85
\$20,000	\$1,000	6.50
\$22,000	\$1,100	7.15
\$24,000	\$1,200	7.80
\$26,000	\$1,300	8.45
\$28,000	\$1,400	9.10
\$30,000	\$1,500	9.75
\$32,000	\$1,600	10.40
\$34,000	\$1,700	11.05
\$36,000	\$1,800	11.70
\$38,000	\$1,900	12.35
\$40,000	\$2,000	13.00
\$42,000	\$2,100	13.65
\$44,000	\$2,200	14.30
\$46,000	\$2,300	14.95
\$48,000	\$2,400	15.60
\$50,000	\$2,500	16.25
\$52,000	\$2,600	16.90
\$54,000	\$2,700	17.55
\$56,000	\$2,800	18.20
\$58,000	\$2,900	18.85
\$60,000	\$3,000	19.50
\$62,000	\$3,100	20.15
\$64,000	\$3,200	20.80
\$66,000	\$3,300	21.45
\$68,000	\$3,400	22.10
\$70,000	\$3,500	22.75
\$72,000	\$3,600	23.40
\$74,000	\$3,700	24.05
\$76,000	\$3,800	24.70
\$78,000	\$3,900	25.35
\$80,000	\$4,000	26.00
\$82,000	\$4,100	26.65
\$84,000	\$4,200	27.30
\$86,000	\$4,300	27.95
\$88,000	\$4,400	28.60
\$90,000	\$4,500	29.25
\$92,000	\$4,600	29.90
\$94,000	\$4,700	30.55



Age and Cost		
Annual Earnings	Monthly Coverage Amounts	99+
\$96,000	\$4,800	31.20
\$98,000	\$4,900	31.85
\$100,000	\$5,000	32.50
\$102,000	\$5,100	33.15
\$104,000	\$5,200	33.80
\$106,000	\$5,300	34.45
\$108,000	\$5,400	35.10
\$110,000	\$5,500	35.75
\$112,000	\$5,600	36.40
\$114,000	\$5,700	37.05
\$116,000	\$5,800	37.70
\$118,000	\$5,900	38.35
\$120,000	\$6,000	39.00
\$122,000	\$6,100	39.65
\$124,000	\$6,200	40.30
\$126,000	\$6,300	40.95
\$128,000	\$6,400	41.60
\$130,000	\$6,500	42.25
\$132,000	\$6,600	42.90
\$134,000	\$6,700	43.55
\$136,000	\$6,800	44.20
\$138,000	\$6,900	44.85
\$140,000	\$7,000	45.50
\$142,000	\$7,100	46.15
\$144,000	\$7,200	46.80
\$146,000	\$7,300	47.45
\$148,000	\$7,400	48.10
\$150,000	\$7,500	48.75
\$152,000	\$7,600	49.40
\$154,000	\$7,700	50.05
\$156,000	\$7,800	50.70
\$158,000	\$7,900	51.35
\$160,000	\$8,000	52.00