

2019/2020 Monthly Premiums for Short-term Disability

STD COST: PER \$100 OF MEMBER'S COVERED MONTHLY SALARY	
Option A: 60%, 14-day elimination period	\$1.34
Option B: 60%, 30-day elimination period	\$1.08

OPTION A TO CALCULATE YOUR MONTHLY PAYROLL DEDUCTION, USE THIS FORMULA	
Average monthly earnings (not to exceed \$18,055.57)*	Line 1:
Line 1 amount divided by 100	Line 2:
Rate	Line 3: \$1.34
Multiply Lines 2 and 3	Line 4:
The amount shown on Line 4 is your estimated monthly payroll deduction	

OPTION B TO CALCULATE YOUR MONTHLY PAYROLL DEDUCTION, USE THIS FORMULA	
Average monthly earnings (not to exceed \$18,055.57)*	Line 1:
Line 1 amount divided by 100	Line 2:
Rate	Line 3: \$1.08
Multiply Lines 2 and 3	Line 4:
The amount shown on Line 4 is your estimated monthly payroll deduction	

*Base annual salary divided by 12

EXAMPLE SHORT-TERM DISABILITY PREMIUM CALCULATION OPTION A	
Annual salary	\$35,000
Covered monthly salary	\$2,916.67
Number of 100s in average monthly earnings	\$29.17
Monthly premium rate per \$100	\$1.34
Monthly premium due	\$39.09

EXAMPLE SHORT-TERM DISABILITY PREMIUM CALCULATION OPTION B	
Annual salary	\$35,000
Covered monthly salary	\$2,916.67
Number of 100s in average monthly earnings	\$29.17
Monthly premium rate per \$100	\$1.08
Monthly premium due	\$31.50