

# Rates For Group Disability Income Insurance

(Semiannual Rate per \$1,000 Monthly Benefit Amount)

\*\*See Premium Credits Below Rates current as of 07/01/2017

		PLAN A TO AGE 65												PLAN B 5 YEAR						PLAN C 2 YEAR				
		OPTION 1 60-DAY ELIMINATION PERIOD				OPTION 2 90-DAY ELIMINATION PERIOD				OPTION 3 180-DAY ELIMINATION PERIOD				OPTION 1 60-DAY ELIMINATION PERIOD		OPTION 2 90-DAY ELIMINATION PERIOD		OPTION 3 180-DAY ELIMINATION PERIOD		60-DAY ELIMINATION PERIOD				
Age		Basic	+ for COLA	+ for Catastrophic Disability	+ for Catastrophic Disability & COLA	Basic	+ for COLA	+ for Catastrophic Disability	+ for Catastrophic Disability & COLA	Basic	+ for COLA	+ for Catastrophic Disability	+ for Catastrophic Disability & COLA	Basic	+ for COLA	+ for Catastrophic Disability & COLA	Basic	+ for COLA	+ for Catastrophic Disability & COLA	Basic	+ for COLA	Basic	+ for COLA	
All States except CA, FL, NJ, NY, & TX	0-29	\$57.60	\$3.00	\$9.50	\$0.23	\$44.40	\$2.40	\$6.80	\$0.18	\$37.80	\$1.80	\$6.30	\$0.15	\$36.00	\$1.80	\$5.94	\$27.75	\$1.39	\$4.25	\$23.63	\$1.18	\$3.94	\$26.93	\$1.35
	30-34	81.00	4.20	10.15	0.32	62.40	3.00	7.25	0.25	53.40	2.40	6.70	0.21	50.42	2.52	6.32	38.84	1.94	4.51	33.24	1.66	4.17	36.30	1.82
	35-39	115.20	6.00	11.05	0.46	88.80	4.20	7.90	0.36	75.60	3.60	7.30	0.30	72.00	3.60	6.91	55.50	2.78	4.94	47.25	2.36	4.56	51.90	2.60
	40-44	225.00	11.40	14.05	0.90	178.20	9.00	10.05	0.72	151.20	7.80	9.30	0.61	168.92	8.45	10.55	133.78	6.69	7.54	113.51	5.67	6.98	122.55	6.13
	45-49	315.00	15.60	16.75	1.26	249.60	12.60	11.95	1.00	211.80	10.80	11.05	0.54	189.22	9.46	10.06	149.93	7.50	7.18	127.23	6.36	6.64	137.27	6.86
	50-54*	421.80	21.00	19.15	1.69	333.60	16.80	13.70	1.34	283.80	14.40	12.65	1.14	311.05	15.56	14.12	246.01	12.30	10.10	209.28	10.47	9.33	231.56	11.58
	55-59*	708.60	35.40	29.15	2.83	560.40	28.20	20.85	2.25	476.40	24.00	19.30	1.91	522.55	26.13	21.50	413.26	20.66	15.38	351.32	17.57	14.23	389.04	19.45
	60-62*	745.20	37.20	41.95	2.98	589.80	29.40	29.95	2.36	501.60	25.20	27.70	2.01	745.11	37.26	41.94	589.73	29.49	29.95	501.54	25.08	27.70	592.71	29.64
	63-64*	592.80	29.40	41.95	2.98	460.20	22.80	29.95	2.36	391.20	19.80	27.70	2.01	745.11	37.26	41.94	589.73	29.49	29.95	501.54	25.08	27.70	592.71	29.64
65-69*	890.40	44.51	83.05	2.37	669.00	33.44	59.30	0.92	568.80	28.43	54.90	0.79	745.11	37.26	41.94	589.73	29.49	29.95	501.54	25.08	27.70	592.71	29.64	
California & Florida	0-29	\$81.00	\$4.20	\$13.36	\$0.33	\$62.40	\$3.00	\$9.56	\$0.25	\$52.80	\$2.40	\$8.80	\$0.21	\$50.40	\$2.52	\$8.31	\$38.83	\$1.94	\$5.95	\$32.85	\$1.64	\$5.48	\$36.30	\$1.82
	30-34	112.80	5.40	14.13	0.45	87.60	4.20	10.18	0.35	74.40	3.60	9.33	0.30	70.58	3.53	8.84	54.81	2.74	6.37	46.55	2.33	5.84	50.82	2.54
	35-39	161.40	7.80	15.48	0.65	124.20	6.00	11.05	0.50	105.60	4.80	10.20	0.43	100.80	5.04	9.67	77.57	3.88	6.90	65.95	3.30	6.37	72.66	3.64
	40-44	315.00	15.60	19.67	1.26	249.60	12.60	14.08	1.00	211.80	10.80	13.03	0.85	236.48	11.83	14.77	187.38	9.37	10.57	159.00	7.95	9.78	171.57	8.58
	45-49	441.00	22.22	23.45	1.77	349.20	17.40	16.72	1.40	297.00	15.00	15.50	1.19	264.91	13.24	14.09	209.77	10.49	10.04	178.41	8.92	9.31	192.18	9.61
	50-54*	590.40	29.40	26.80	2.36	466.80	23.34	19.17	1.87	397.20	19.80	17.70	1.59	435.47	21.78	19.77	344.30	17.22	14.14	292.97	14.65	13.06	324.19	16.21
	55-59*	991.80	49.80	40.80	3.97	785.40	39.00	29.22	3.14	667.20	33.60	27.03	2.67	731.57	36.58	30.09	579.33	28.97	21.55	492.14	24.61	19.94	544.66	27.42
	60-62*	1,042.80	52.02	58.70	4.17	826.20	41.40	41.95	3.31	702.00	35.40	38.77	2.81	1,043.16	52.16	58.72	826.48	41.33	41.97	702.24	35.11	38.78	829.80	41.49
	63-64*	829.80	41.40	58.72	4.17	644.40	32.40	41.95	3.31	548.40	27.60	38.83	2.81	1,043.16	52.16	58.72	826.48	41.33	41.97	702.24	35.11	38.78	829.80	41.49
65-69*	1,246.20	62.31	116.24	3.32	936.00	46.81	82.97	2.58	796.20	39.80	76.85	2.19	1,043.16	52.16	58.72	826.48	41.33	41.97	702.24	35.11	38.78	829.80	41.49	
New Jersey, New York & Texas	0-29	\$69.00	\$3.60	\$11.38	\$0.28	\$53.40	\$2.40	\$8.18	\$0.22	\$45.60	\$2.40	\$7.60	\$0.18	\$43.20	\$2.16	\$7.13	\$33.43	\$1.67	\$5.12	\$28.55	\$1.43	\$4.76	\$31.11	\$1.56
	30-34	96.60	4.80	12.10	0.39	75.00	3.60	8.71	0.30	63.60	3.00	7.89	0.26	60.50	3.03	7.58	46.97	2.35	5.46	39.83	1.99	5.00	43.56	2.18
	35-39	138.60	7.20	13.29	0.56	106.80	5.40	9.50	0.43	90.60	4.80	8.75	0.36	86.40	4.32	8.29	66.58	3.33	5.92	56.48	2.82	5.45	62.28	3.11
	40-44	270.00	13.80	16.86	1.08	213.60	10.80	12.05	0.86	181.80	9.00	11.18	0.73	202.70	10.14	12.66	160.35	8.02	9.04	136.48	6.82	8.39	147.06	7.35
	45-49	378.00	19.20	20.10	1.51	299.40	15.00	14.33	1.20	254.40	12.60	13.27	1.02	227.07	11.36	12.07	179.85	8.99	8.61	152.82	7.64	7.97	164.73	8.24
	50-54*	505.80	25.20	22.96	2.03	400.20	19.80	16.44	1.60	344.40	17.40	15.35	1.36	373.26	18.67	16.95	295.33	14.77	12.13	254.15	12.71	11.33	277.87	14.40
	55-59*	850.20	42.60	34.98	3.41	673.20	33.60	25.05	2.69	573.80	28.80	23.19	2.29	627.06	31.36	25.80	496.51	24.83	18.47	422.17	21.11	17.10	466.85	23.35
	60-62*	894.00	45.00	50.33	3.58	708.00	35.40	35.95	2.83	601.80	30.00	33.23	2.41	894.13	44.71	50.33	708.10	35.40	35.96	601.89	30.09	33.24	711.25	35.57
	63-64*	711.60	35.40	50.33	3.58	552.60	27.60	35.95	2.83	469.20	23.40	33.23	2.41	894.13	44.71	50.33	708.10	35.40	35.96	601.89	30.09	33.24	711.25	35.57
65-69*	1,068.00	53.41	99.62	2.85	802.80	40.13	71.66	2.21	682.20	34.11	65.85	1.88	894.13	44.71	50.33	708.10	35.40	35.96	601.89	30.09	33.24	711.25	35.57	

\*An eligible person must be under age 60 to apply for disability benefits; the rates shown for ages 60-69 are for renewal purposes only. However, with respect to the COLA benefit, an eligible person must be under age 50 to apply; the rates shown for ages 50-69 are for renewal purposes only. Coverage terminates at age 70. Monthly disability benefits greater than \$1,500 will reduce on the policy anniversary on or next following the date you attain age 65 to \$1,500.

\*\*7/1/17: 30% premium credit for first 12 months, 20% premium credit for the second 12 months, and 10% premium credit for three years or longer. Rates listed above do not reflect premium credits.