

Voluntary Long Term Disability - Percentage of Salary Program Premium Calculation

Group: **CITY OF MISSION, TEXAS**

Benefit Schedule

Benefit Percentage:	60% of Basic Monthly Earnings*
Benefit Maximum	\$5,000
Maximum Monthly covered earnings:	\$8,333
Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Elimination Period	90 Days
Pre-Existing Conditions Limitation	3/12

*Basic Monthly Earnings/Insured Salary means the monthly compensation you earn from your normal occupation with your employer. It includes total income before taxes, including deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include earnings from bonuses, overtime pay or any other extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date death or disability begins.

Age	Monthly Rate per \$100 of Covered Payroll	Age	Monthly Rate per \$100 of Covered Payroll
Under 25	\$0.140	50-54	\$0.980
25-29	\$0.140	55-59	\$1.251
30-34	\$0.210	60-64	\$1.051
35-39	\$0.360	65-69	\$0.821
40-44	\$0.540	70+	\$0.711
45-49	\$0.761		

Sample Premium Calculation

(Sample assumes a 30 year old employee with \$2,500 in monthly earnings)

Monthly Earnings (maximum \$8,333)	x	Rate	Amount ÷ 100	=	Monthly Premium	Semi-Monthly* Premium
\$2,500	x	\$0.21	\$525 ÷ 100	=	\$ 5.25	\$2.63

Your Premium Calculation

(Enter your salary and the rate for your current age from the table above)

Monthly Earnings (maximum \$8,333)	x	Rate	Amount ÷ 100	=	Monthly Premium	Semi-Monthly* Premium
\$ _____	x	\$ _____	\$ _____ ÷ 100	=	\$ _____	\$ _____

* To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24

This information is only a product highlight. This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. NOTE: For purposes of this illustration, we have assumed a 40 hour work week. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: FDL Policy number 2-LTDP-705)

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