

Long Term Disability Contribution Worksheet

This worksheet is designed to assist you in determining your estimated monthly contribution amount for group Long Term Disability (LTD) insurance.

Step 1	Your gross annual salary is \$ _____ <i>Gross Annual Salary</i>
Step 2	Calculate your gross monthly salary: \$ _____ divided by 12 = \$ _____ <i>Gross Annual Salary</i> <i>Gross Monthly Salary</i>
Step 3	Calculate your estimated monthly contribution amount: \$ _____ divided by \$100 = \$ _____ <i>Use Gross Monthly Salary total from line above or Covered Monthly Earnings (CME)*, whichever amount is less</i> \$ _____ multiplied by _____ = \$ _____ <i>Total from line above</i> <i>Rate</i> <i>Monthly Contribution Amount</i>

Your estimated LTD Monthly Contribution Amount:** \$ _____

***Benefit Max divided by Benefit Percentage = CME**
Please see the group benefit summary for your benefit max.
Example:

- If you have a **\$15,000 (benefit max)** divided by **66.67% (Benefit Percentage)** = **\$22,500 (CME)**, and:
- Your Gross Annual Salary is \$300,000, then:**
\$300,000 (Gross Annual Salary) divided by 12 = \$25,000 (Gross Monthly Salary)
\$25,000 (Gross Monthly Salary) is greater than CME (\$22,500), so you'd use CME amount
\$22,500 (CME) divided by \$100 = \$225 multiplied by [RATE] = Your Monthly Contribution
 - Your Gross Annual Salary is \$120,000, then:**
\$120,000 (Gross Annual Salary) divided by 12 = \$10,000 (Gross Monthly Salary)
\$10,000 (Gross Monthly Salary) divided by \$100 = \$100
\$100 multiplied by [RATE] = Your Monthly Contribution

To determine your bi-weekly premium amount, multiply Your Monthly Contribution by 12 and divide it by 26.

****Due to rounding, your actual payroll deduction may vary**

Visit the easy-to-use Disability Insurance Calculator at disabilityonlinecalc.com or scan the QR code below to help determine what amount of disability insurance is most appropriate for your situation.



Please find your rate in the table below. Insert your rate in the space provided in Step 3 to calculate your estimated monthly contribution amount.

Age	Rate
Less than 35	
35 – 39	
40 – 44	
45 – 49	
50 – 54	
55 – 59	
60 - 64	
65+	

Rates are guaranteed 6/23/2024–12/31/2026.

Like most group disability insurance policies, MetLife policies contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Contact your plan administrator for costs and complete details.