

# Disability Contribution Worksheet

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

## Long Term Disability

|               |   |
|---------------|---|
| <b>Step 1</b> | Your gross annual salary is \$ _____<br><small>Gross Annual Salary</small>  |
| <b>Step 2</b> | Calculate your gross monthly salary:<br>\$ _____ divided by 12 = \$ _____<br><small>Gross Annual Salary</small> <span style="margin-left: 150px;"></span> <small>Gross Monthly Salary</small>   |
| <b>Step 3</b> | Calculate your monthly contribution amount:<br>\$ _____ divided by \$100 = \$ _____<br><small>Use Gross Monthly Salary or Covered Monthly Earnings (CME)*, whichever amount is less</small><br><br>\$ _____ multiplied by _____ = \$ _____<br><small>Total from line above</small> <span style="margin-left: 100px;"></span> <small>Rate</small> <span style="margin-left: 100px;"></span> <small>Monthly Contribution Amount</small> |

**Your LTD Monthly Contribution Amount: \$ \_\_\_\_\_**

\*Benefit Max divided by Benefit Percentage = CME

**Example:**

\$15,000 (benefit max) divided by 66.67% (Benefit Percentage) = \$22,500 (CME)  
 If 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  
  
 If 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

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



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

## Short Term Disability

|               |   |
|---------------|---|
| <b>Step 1</b> | Your gross annual salary is \$ _____<br><small>Gross Annual Salary</small>  |
| <b>Step 2</b> | Calculate your gross weekly salary:<br>\$ _____ divided by 52 = \$ _____<br><small>Gross Annual Salary</small> <span style="margin-left: 150px;"></span> <small>Gross Weekly Salary</small>   |
| <b>Step 3</b> | Calculate your weekly benefit amount:<br>\$ _____ multiplied by 66.67% = \$ _____<br><small>Gross Weekly Salary</small> <span style="margin-left: 150px;"></span> <small>Weekly Benefit</small>   |
| <b>Step 4</b> | Calculate your monthly contribution amount:<br>\$ _____ divided by 10, multiplied by _____ = \$ _____<br><small>Use Weekly Benefit or Plan Max (\$2,500), whichever amount is less</small> <span style="margin-left: 100px;"></span> <small>Rate</small> <span style="margin-left: 100px;"></span> <small>Monthly Contribution Amount</small> |

**Your STD Monthly Contribution Amount: \$ \_\_\_\_\_**

|   |                  |                |
|---|------------------|----------------|
| <b>Your Total (LTD + STD) Contribution Amount</b> | <b>Bi-weekly</b> | <b>Monthly</b> |
|   |                  |                |

## Long Term Disability Buy-Up Costs

| Age          | Monthly rate per \$100 of coverage |
|--------------|------------------------------------|
| Less than 35 | \$0.048                            |
| 35 to 39     | \$0.127                            |
| 40 to 44     | \$0.196                            |
| 45 to 49     | \$0.284                            |
| 50 to 54     | \$0.450                            |
| 55 to 59     | \$0.705                            |
| 60 to 64     | \$0.737                            |
| 65+          | \$0.387                            |

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

## Short Term Disability Costs

| Age          | Monthly rate per \$10 covered weekly benefit |
|--------------|--|
| Less than 30 | \$0.23                                       |
| 30-34        | \$0.24                                       |
| 35-39        | \$0.22                                       |
| 40-44        | \$0.23                                       |
| 45-49        | \$0.29                                       |
| 50-54        | \$0.36                                       |
| 55-59        | \$0.43                                       |
| 60-64        | \$0.51                                       |
| 65+          | \$0.62                                       |

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

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

