

Premium Worksheet



Rates and/or benefits may be changed on a class basis.

VOLUNTARY ACCIDENT INSURANCE		
Monthly Premium Amount (Cost per Pay Period – 12/Year)		
COVERAGE TIER	LOW PLAN	HIGH PLAN
Employee Only	\$9.92 (\$0.33 per day)	\$12.43 (\$0.41 per day)
Employee & Spouse/Partner	\$15.68 (\$0.52 per day)	\$19.62 (\$0.65 per day)
Employee & Child(ren)	\$17.44 (\$0.57 per day)	\$21.43 (\$0.70 per day)
Employee & Family	\$27.10 (\$0.89 per day)	\$33.47 (\$1.10 per day)

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

The Buck's Got Your Back[®]

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

