

# Voluntary Employee & Dependent Life Insurance / AD&D & Short Term Disability Monthly Cost Worksheet

This is NOT an enrollment form. For newly benefit-eligible employees and at annual open enrollment, you **must** enroll online using <u>CMU Choices</u>. For changes due to a qualified status change event, you **must** complete and return the <u>Status Change Request form</u> to Benefits & Wellness office within 30 calendar days of the event.

This worksheet allows you to approximate your contributions for voluntary life insurance / AD&D and short term disability coverage. Cost of insurance may change in the future due to age and/or salary level. Rates are subject to change.

### **Voluntary Life Insurance / AD&D Coverage Options**

Your voluntary life insurance / AD&D coverage options are:

Employee: 1.5, 2.0, 3.0 or 4.0 times your annual salary

The university-paid (basic) life insurance / AD&D amount is 1, 1.5 or 2 times annual salary

depending on your employee group.

Spouse/Other Eligible Individual (OEI): \$10,000, \$25,000, \$50,000, \$75,000 or \$100,000

Children: \$10,000 or \$25,000

Live birth to 6 months = \$1,000. Dependent children's coverage terminates at the end of

the calendar year that they turn age 26. They must be unmarried and primarily

supported by the employee.

Monthly Life Insurance / AD&D Rates (Rates shown are your monthly deductions per \$1,000)

Age Band	Employee Per \$1,000	Spouse/OEI per \$1,000*	Child/ren Per \$1,000		
>19 – 29	0.060	0.065	\$0.175		
30-34	0.060	0.095	Note: The premium paid for child		
35-39	0.070	0.135	coverage is based on the cost of		
40-44	0.140	0.175	coverage for one child, regardless of		
45-49	0.200	0.235	how many children you have.		
50 – 54	0.330	0.345			
55-59	0.570	0.575			
60-64	0.730	1.235			
65-69	1.280	2.145			
70+	2.130				
*Spouse/OEI coverage ends at the					

Your rate will increase annually as you age and move to the next age band. To determine your **insurance age**, use your and your spouse/OEI's age as of July  $1^{st}$  of the current year. For example: If your birth year is 1971, you would use the 50-54 age band to determine the cost of coverage (2024 current year – 1971 birth year = 53 years old).

#### **Calculation Worksheet**

To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

Coverage Amount		Increment		Life/AD&D Rate (Enter Your Rate from Table Above)	Your Monthly Cost**		
Employee:	\$ (1.5, 2, 3 or 4 times your annual earnings)	\$1,000	= \$		x \$	= 5	\$
Spouse/OEI:	\$ ÷	\$1,000	= \$		x \$	= !	\$
Children:	\$ ÷	\$1,000	= \$		x \$	0.175 = 9	\$

<sup>\*\*</sup>To determine your per pay amount, multiple the monthly cost by 12 then divide by the number of pay period per year (Semi-monthly Staff = 24 pay period, Bi-weekly Staff = 26 pay periods, 12-Month Faculty = 24 pay periods, Academic Year Faculty = 18 pay periods)

Updated: July 2024



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## **Voluntary Short Term Disability (STD) Coverage Options**

Your voluntary STD coverage options are:

**Option 1**: 50% of weekly earnings, up to a maximum benefit of \$900/per week

**Option 2:** 67% of weekly earnings, up to a maximum benefit of \$1,200/per week

### **Monthly STD Rates and Calculation Worksheet**

		Example	You
Step 1: Earnings	Enter your annual earnings.	\$40,000	
	Option 1 – If earnings are greater than \$93,600, enter \$93,600		
	Option 2 – If earnings are greater than \$93,132, enter \$93,132		
Step 2: Increment	Divide Step 1 by 100.	\$400	
Step 3: STD Rate	<b>Option 1</b> – Multiple the amount in Step 2 by \$0.069	\$27.60	
	Option 2 – Multiple the amount in Step 2 by \$0.115	\$46.00	
Step 4: Your Monthly Costs	Option 1 – Divide the amount in Step 3 by 12 to determine monthly cost	\$2.30	
	<b>Option 2</b> – Divide the amount in Step 3 by 12 to determine monthly cost	\$3.83	

The above information provides highlights of the insurance program. It does not and is not intended to cover the program in detail. Please refer to the policy for a complete description of the coverage, limitations and exclusions.

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