

PREMIUM WORKSHEET



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

You are considered a tobacco user if you have smoked cigarettes, cigars or a pipe, or used chewing tobacco, nicotine chewing gum or snuff during the 12 months before submitting an application for insurance.

| DisabilityFLEX® (VOLUNTARY SHORT TERM DISABILITY INSURANCE) | | | | | | | | | | | | | | |
|---|----------|----------|----------|----------|--|----------|---------|---------|----------|--|----------|---------|---------|---------|
| Monthly Premium Amount (Cost per Pay Period – 12/Year) | | | | | | | | | | | | | | |
| OPTION 1: Benefits Begin: 8 th day Duration: 13 weeks | | | | | OPTION 2: Benefits Begin: 15 th day Duration: 13 weeks | | | | | OPTION 3: Benefits Begin: 30 th day Duration: 13 weeks | | | | |
| Weekly Benefit | Under 35 | 35-49 | 50-59 | 60+ | Weekly Benefit | Under 35 | 35-49 | 50-59 | 60+ | Weekly Benefit | Under 35 | 35-49 | 50-59 | 60+ |
| \$100 | \$6.30 | \$8.76 | \$10.04 | \$11.43 | \$100 | \$4.92 | \$6.84 | \$7.84 | \$8.92 | \$100 | \$3.00 | \$4.17 | \$4.78 | \$5.44 |
| \$200 | \$12.60 | \$17.52 | \$20.08 | \$22.86 | \$200 | \$9.84 | \$13.68 | \$15.68 | \$17.84 | \$200 | \$6.00 | \$8.34 | \$9.56 | \$10.88 |
| \$300 | \$18.90 | \$26.28 | \$30.12 | \$34.29 | \$300 | \$14.76 | \$20.52 | \$23.52 | \$26.76 | \$300 | \$9.00 | \$12.51 | \$14.34 | \$16.32 |
| \$400 | \$25.20 | \$35.04 | \$40.16 | \$45.72 | \$400 | \$19.68 | \$27.36 | \$31.36 | \$35.68 | \$400 | \$12.00 | \$16.68 | \$19.12 | \$21.76 |
| \$500 | \$31.50 | \$43.80 | \$50.20 | \$57.15 | \$500 | \$24.60 | \$34.20 | \$39.20 | \$44.60 | \$500 | \$15.00 | \$20.85 | \$23.90 | \$27.20 |
| \$600 | \$37.80 | \$52.56 | \$60.24 | \$68.58 | \$600 | \$29.52 | \$41.04 | \$47.04 | \$53.52 | \$600 | \$18.00 | \$25.02 | \$28.68 | \$32.64 |
| \$700 | \$44.10 | \$61.32 | \$70.28 | \$80.01 | \$700 | \$34.44 | \$47.88 | \$54.88 | \$62.44 | \$700 | \$21.00 | \$29.19 | \$33.46 | \$38.08 |
| \$800 | \$50.40 | \$70.08 | \$80.32 | \$91.44 | \$800 | \$39.36 | \$54.72 | \$62.72 | \$71.36 | \$800 | \$24.00 | \$33.36 | \$38.24 | \$43.52 |
| \$900 | \$56.70 | \$78.84 | \$90.36 | \$102.87 | \$900 | \$44.28 | \$61.56 | \$70.56 | \$80.28 | \$900 | \$27.00 | \$37.53 | \$43.02 | \$48.96 |
| \$1,000 | \$63.00 | \$87.60 | \$100.40 | \$114.30 | \$1,000 | \$49.20 | \$68.40 | \$78.40 | \$89.20 | \$1,000 | \$30.00 | \$41.70 | \$47.80 | \$54.40 |
| \$1,100 | \$69.30 | \$96.36 | \$110.44 | \$125.73 | \$1,100 | \$54.12 | \$75.24 | \$86.24 | \$98.12 | \$1,100 | \$33.00 | \$45.87 | \$52.58 | \$59.84 |
| \$1,200 | \$75.60 | \$105.12 | \$120.48 | \$137.16 | \$1,200 | \$59.04 | \$82.08 | \$94.08 | \$107.04 | \$1,200 | \$36.00 | \$50.04 | \$57.36 | \$65.28 |

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| VOLUNTARY CRITICAL ILLNESS INSURANCE | | | | | | | | | | | | | | |
|---|-----------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|
| Monthly Premium Amount (Cost per Pay Period – 12/Year) | | | | | | | | | | | | | | |
| NON-TOBACCO USER | | | | | | | | | | | | | | |
| Benefit Amount | Coverage Tier | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| \$10,000 | Employee Only | \$5.28 | \$5.95 | \$6.33 | \$7.20 | \$8.95 | \$11.98 | \$15.09 | \$19.26 | \$25.88 | \$34.78 | \$46.62 | \$60.87 | \$69.71 |
| | Employee & Spouse | \$9.43 | \$10.50 | \$11.14 | \$12.45 | \$15.25 | \$20.05 | \$24.90 | \$31.39 | \$41.65 | \$55.20 | \$73.34 | \$94.95 | \$108.43 |
| | Employee & Child(ren) | \$10.38 | \$10.83 | \$10.82 | \$11.47 | \$13.03 | \$16.00 | \$19.07 | \$23.22 | \$29.82 | \$38.72 | \$50.56 | \$64.81 | \$73.65 |
| | Employee & Family | \$15.37 | \$16.19 | \$16.38 | \$17.43 | \$19.99 | \$24.75 | \$29.53 | \$36.01 | \$46.24 | \$59.79 | \$77.93 | \$99.55 | \$113.02 |
| \$20,000 | Employee Only | \$7.30 | \$8.39 | \$9.03 | \$10.71 | \$13.98 | \$19.81 | \$26.02 | \$34.31 | \$47.55 | \$65.34 | \$89.03 | \$117.53 | \$135.21 |
| | Employee & Spouse | \$12.43 | \$14.13 | \$15.15 | \$17.67 | \$22.74 | \$31.85 | \$41.48 | \$54.40 | \$74.91 | \$102.01 | \$138.28 | \$181.51 | \$208.46 |
| | Employee & Child(ren) | \$12.40 | \$13.27 | \$13.52 | \$14.99 | \$18.05 | \$23.84 | \$29.99 | \$38.27 | \$51.49 | \$69.28 | \$92.97 | \$121.47 | \$139.15 |
| | Employee & Family | \$18.38 | \$19.82 | \$20.39 | \$22.65 | \$27.48 | \$36.55 | \$46.12 | \$59.01 | \$79.51 | \$106.60 | \$142.87 | \$186.10 | \$213.06 |

| VOLUNTARY CRITICAL ILLNESS INSURANCE | | | | | | | | | | | | | | |
|--|-----------------------|----------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|-----------------|
| Monthly Premium Amount (Cost per Pay Period – 12/Year) | | | | | | | | | | | | | | |
| TOBACCO USER | | | | | | | | | | | | | | |
| Benefit Amount | Coverage Tier | Under 25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| \$10,000 | Employee Only | \$5.48 | \$6.34 | \$6.99 | \$8.43 | \$11.39 | \$17.16 | \$23.92 | \$33.11 | \$48.02 | \$69.42 | \$92.67 | \$110.41 | \$121.69 |
| | Employee & Spouse | \$9.73 | \$11.10 | \$12.17 | \$14.37 | \$19.08 | \$28.20 | \$38.65 | \$52.89 | \$75.90 | \$108.65 | \$144.72 | \$171.97 | \$189.54 |
| | Employee & Child(ren) | \$10.58 | \$11.22 | \$11.49 | \$12.70 | \$15.47 | \$21.19 | \$27.89 | \$37.08 | \$51.96 | \$73.36 | \$96.61 | \$114.35 | \$125.63 |
| | Employee & Family | \$15.67 | \$16.79 | \$17.41 | \$19.35 | \$23.82 | \$32.89 | \$43.28 | \$57.51 | \$80.49 | \$113.24 | \$149.31 | \$176.56 | \$194.13 |
| \$20,000 | Employee Only | \$7.68 | \$9.16 | \$10.36 | \$13.17 | \$18.86 | \$30.19 | \$43.67 | \$62.03 | \$91.83 | \$134.62 | \$181.14 | \$216.62 | \$239.17 |
| | Employee & Spouse | \$13.03 | \$15.32 | \$17.22 | \$21.50 | \$30.40 | \$48.14 | \$68.98 | \$97.40 | \$143.41 | \$208.90 | \$281.03 | \$335.55 | \$370.68 |
| | Employee & Child(ren) | \$12.78 | \$14.04 | \$14.85 | \$17.44 | \$22.93 | \$34.22 | \$47.65 | \$65.99 | \$95.77 | \$138.56 | \$185.08 | \$220.56 | \$243.10 |
| | Employee & Family | \$18.97 | \$21.01 | \$22.45 | \$26.48 | \$35.14 | \$52.84 | \$73.61 | \$102.02 | \$148.01 | \$213.49 | \$285.62 | \$340.14 | \$375.28 |

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| VOLUNTARY ACCIDENT INSURANCE | |
|--|---------------------------------|
| Monthly Premium Amount (Cost per Pay Period – 12/Year) | |
| COVERAGE TIER | Premium Amount |
| Employee Only | \$10.44 (\$0.34 per day) |
| Employee & Spouse | \$16.32 (\$0.54 per day) |
| Employee & Child(ren) | \$17.37 (\$0.57 per day) |
| Employee & Family | \$27.25 (\$0.90 per day) |

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| VOLUNTARY HOSPITAL INDEMNITY INSURANCE | |
|--|---------------------------------|
| Monthly Premium Amount (Cost per Pay Period – 12/Year) | |
| COVERAGE TIER | Premium Amount |
| Employee Only | \$15.79 (\$0.52 per day) |
| Employee & Spouse | \$32.75 (\$1.08 per day) |
| Employee & Child(ren) | \$30.53 (\$1.00 per day) |
| Employee & Family | \$46.69 (\$1.54 per day) |

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