

Premium Worksheet



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

VOLUNTARY ACCIDENT INSURANCE		
Bi-weekly Premium Amount (Cost per Pay Period – 26/Year)		
COVERAGE TIER	Core Plan	Plus Plan
Employee Only	\$1.52 (\$0.11 per day)	\$2.46 (\$0.18 per day)
Employee & Spouse/Partner	\$2.40 (\$0.17 per day)	\$3.88 (\$0.28 per day)
Employee & Child(ren)	\$2.47 (\$0.18 per day)	\$4.02 (\$0.29 per day)
Employee & Family	\$3.92 (\$0.28 per day)	\$6.37 (\$0.45 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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