

PREMIUM WORKSHEET



VOLUNTARY CRITICAL ILLNESS INSURANCE Monthly Premium Amount						
NON-TOBACCO USER						
Benefit Amount	Coverage Tier	18-29	30-39	40-49	50-59	60-69
\$10,000	Employee Only	\$1.43	\$3.72	\$9.22	\$18.28	\$30.72
	Employee & Spouse	\$2.11	\$5.54	\$13.90	\$27.90	\$47.05
	Employee & Child(ren)	\$1.99	\$4.38	\$9.80	\$18.77	\$31.08
	Employee & Family	\$2.81	\$6.36	\$14.62	\$28.48	\$47.45
\$20,000	Employee Only	\$2.85	\$7.45	\$18.44	\$36.56	\$61.46
	Employee & Spouse	\$4.22	\$11.09	\$27.81	\$55.79	\$94.09
	Employee & Child(ren)	\$3.69	\$8.49	\$19.31	\$37.20	\$61.78
	Employee & Family	\$5.28	\$12.41	\$28.90	\$56.57	\$94.47

VOLUNTARY CRITICAL ILLNESS INSURANCE Monthly Premium Amount						
TOBACCO USER						
Benefit Amount	Coverage Tier	18-29	30-39	40-49	50-59	60-69
\$10,000	Employee Only	\$1.83	\$5.62	\$16.53	\$37.21	\$66.97
	Employee & Spouse	\$2.73	\$8.51	\$25.33	\$57.24	\$103.08
	Employee & Child(ren)	\$2.50	\$6.41	\$17.20	\$37.73	\$67.30
	Employee & Family	\$3.58	\$9.49	\$26.15	\$57.87	\$103.47
\$20,000	Employee Only	\$3.65	\$11.24	\$33.07	\$74.42	\$133.95
	Employee & Spouse	\$5.47	\$17.03	\$50.67	\$114.50	\$206.15
	Employee & Child(ren)	\$4.74	\$12.60	\$34.12	\$75.14	\$134.23
	Employee & Family	\$6.86	\$18.72	\$51.98	\$115.37	\$206.49

VOLUNTARY ACCIDENT INSURANCE Monthly Premium Amount	
COVERAGE TIER	Premium Amount
Employee Only	\$4.08 (\$0.13 per day)
Employee & Spouse	\$5.54 (\$0.18 per day)
Employee & Child(ren)	\$5.71 (\$0.19 per day)
Employee & Family	\$8.52 (\$0.28 per day)

VOLUNTARY HOSPITAL INDEMNITY INSURANCE Monthly Premium Amount	
Employee Only	\$21.52 (\$0.71 per day)
Employee & Spouse	\$44.52 (\$1.46 per day)
Employee & Child(ren)	\$41.07 (\$1.35 per day)
Employee & Family	\$67.03 (\$2.20 per day)

5962f NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. Critical Illness Form Series includes GBD-1700, GBD-1701, or state equivalent.

Prepare. Protect. Prevail. With The Hartford. ®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

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.