

Disability Contribution Worksheet

This worksheet is designed to assist you in determining your monthly contribution amount for group Long Term Disability (LTD) and Short Term Disability (STD) insurance.

Long Term Disability

Step 1	Your gross annual sa	alary is \$ Gross Annual Salary	
Step 2	Calculate your gross monthly salary:		
	\$ Gross Annual Salary	divided by 12 = \$	Monthly Salary
Step 3	Calculate your monthly contribution amount:		
	\$		divided by \$100 = \$
	Use Gross Monthly Salary or Covered Monthly Earnings (CME)*, whichever amount is less		
	\$	multiplied by	= \$
	Total from line above	Rate	Monthly Contribution Amount

Your LTD Monthly Contribution Amount: \$

*Benefit Max divided by Benefit Percentage = CME

Example:

5,000 (benefit max) divided by 60% (Benefit Percentage) = \$8,333.33 (CME)

If your Gross Annual Salary is \$120,000, then:

\$120,000 (Gross Annual Salary) divided by 12 = \$10,000 (Gross Monthly Salary)

\$10,000 (Gross Monthly Salary) is greater than CME (\$8,333.33), so you'd use CME amount

\$8,333.33 (CME) divided by \$100 = \$83.33\$83.33 multiplied by [RATE] = Your Monthly Contribution

If your Gross Annual Salary is \$36,000, then:

\$36,000 (Gross Annual Salary) divided by 12 = \$3,000 (Gross Monthly Salary)

\$3,000 (Gross Monthly Salary) divided by \$100 = \$30

\$30 multiplied by [RATE] = Your Monthly Contribution

Visit the easy-to-use Disability
Insurance Calculator at
disabilityonlinecalc.com or scan the
QR code below to help determine what
amount of disability insurance is most
appropriate for your situation.



Short Term Disability

Step 1	Your gross annual salary is \$ Gross Annual Salary
Step 2	Calculate your gross weekly salary: \$ divided by 52 = \$ Gross Annual Salary Gross Weekly Salary
Step 3	Calculate your weekly benefit amount: \$ multiplied by 66.67% = \$ Gross Weekly Salary Weekly Benefit
Step 4	Calculate your monthly contribution amount: \$ divided by 10, multiplied by = \$ Use weekly Benefit or Plan Max, whichever amount is less Rate Monthly Contribution Amount

Your STD Monthly Contribution Amount: \$

Bi-weekly

Monthly

Your Total (LTD + STD) Contribution Amount

Long Term Disability Buy-Up Costs

Age	Monthly rate per \$100 of coverage		
Less than 35	\$0.048		
35 to 39	\$0.127		
40 to 44	\$0.196		
45 to 49	\$0.284		
50 to 54	\$0.450		
55 to 59	\$0.705		
60 to 64	\$0.737		
65+	\$0.387		
Rates are guaranteed 6/23/2024–12/31/2026			

Short Term Disability Costs

Age	Monthly rate per \$10 covered weekly benefit		
Less than 30	\$0.23		
30-34	\$0.24		
35-39	\$0.22		
40-44	\$0.23		
45-49	\$0.29		
50-54	\$0.36		
55-59	\$0.43		
60-64	\$0.51		
65+	\$0.62		
Rates are guaranteed 6/23/2024–12/31/2026			

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

