



## MetLife Short Term Disability Plan Enrollment Form

### Personal Information:

**Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Hire Date:** \_\_\_\_\_

**Coverage Effective Date:** \_\_\_\_\_

*Please check ONE box below and sign at the bottom. Return this form to the Human Resources Department.*

- Option 1: 14 Day Waiting Period for Benefits
- Option 2: 28 Day Waiting Period for Benefits
- Option 3: 42 Day Waiting Period for Benefits
- Option 4: I waive the options above.

I authorize my employer to deduct premiums for the selected coverage from my paycheck on a post-tax basis.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### 2021 MetLife Short Term Disability Income Protection Rates

Choose from the 14-Day, 28-Day, or 42-Day "Waiting Period" options for Income Protection (Short Term). Select the option that best meets your needs.

			<b>Bi-weekly Payroll Deduction for each Income Protection Option (Benefits Begin After)</b>		
<b>Annual Salary</b>	<b>Gross Weekly Salary</b>	<b>Weekly Income Protection Benefit at 60% of Gross Weekly Salary</b>	<b>(14 days) Option 1</b>	<b>(28 days) Option 2</b>	<b>(42 days) Option 3</b>
\$10,000	\$192.31	\$115.38	\$2.23	\$0.51	\$0.27
\$15,000	\$288.46	\$173.08	\$3.34	\$0.77	\$0.40
\$20,000	\$384.62	\$230.77	\$4.45	\$1.03	\$0.53
\$25,000	\$480.77	\$288.46	\$5.57	\$1.28	\$0.66
\$31,250	\$600.97	\$360.58	\$6.96	\$1.60	\$0.83
\$35,000	\$673.08	\$403.85	\$7.79	\$1.80	\$0.93
\$40,000	\$769.23	\$461.54	\$8.91	\$2.05	\$1.06
\$45,000	\$865.38	\$519.23	\$10.02	\$2.31	\$1.19
\$50,000	\$961.54	\$576.92	\$11.13	\$2.57	\$1.33
\$55,000	\$1,057.69	\$634.62	\$12.25	\$2.82	\$1.46
\$60,000	\$1,153.85	\$692.31	\$13.36	\$3.08	\$1.59
\$65,000	\$1,250.00	\$750.00	\$14.48	\$3.34	\$1.73
\$70,000	\$1,346.15	\$807.69	\$15.59	\$3.59	\$1.86
\$75,000	\$1,442.31	\$865.38	\$16.70	\$3.85	\$1.99
\$80,000	\$1,538.46	\$923.08	\$17.82	\$4.11	\$2.12
\$85,000	\$1,634.62	\$980.77	\$18.93	\$4.36	\$2.26
\$90,000	\$1,730.77	\$1,038.46	\$20.04	\$4.62	\$2.39
\$95,000	\$1,826.92	\$1,096.15	\$21.16	\$4.88	\$2.52
\$100,000	\$1,923.08	\$1,153.85	\$22.27	\$5.13	\$2.65
<b>Bi-weekly cost (24 pay deductions) per \$10 of Weekly Benefit:</b>			<b>\$0.1930</b>	<b>\$0.0445</b>	<b>\$0.0230</b>