

Boston Mutual Long Term Disability (90/180 days) - New Hire (12 Mo. Emp)

Group #: 54784-1 (90) / -2 (180)

Name: _____

Emp #: _____

Annual Salary _____

Age: _____

Divide by 12 Mos. _____

Eff Date: _____

x 60% _____

DOH: _____

(Increments of \$100
w/o going over) _____

Ded Code: 8801

Go to Age Band & Monthly per \$100 Monthly Benefit Chosen

Mo. Benefit \$ Amt. _____

Mo. Benefit \$ Amt. _____

x 52 weeks _____

x 52 weeks _____

Divide by 12 mos. _____

Divide by 12 mos. _____

Total Mo. Cost _____

Total Mo. Cost _____

Divide by 2 for bi-wkly:

Divide by 2 for bi-wkly:

Employee Signature: _____

Employee Signature: _____

Date: _____

Date: _____