



BLUFFDALE INDEPENDENT SCHOOL DISTRICT

Costs Effective as of July 1, 2008

Costs below are based on a **Monthly** payroll deduction
 (Employer billing mode is based on **12 Payments** per year)

Product: Educator Select Short Term Income Protection Plan			Elimination Period (Days)
Injury (Days)			7
Sickness (Days)			7
Benefit Period (Weeks)			12
Annual Earnings	Weekly Earnings	Maximum Weekly Benefit	
8840	170	100	7.00
17160	330	200	14.00
26000	500	300	21.00
34840	670	400	28.00
43160	830	500	35.00
52000	1000	600	42.00
60840	1170	700	49.00
69160	1330	800	56.00
78000	1500	900	63.00
86840	1670	1000	70.00
95160	1830	1100	77.00
104000	2000	1200	84.00
112840	2170	1300	91.00
121160	2330	1400	98.00
130000	2500	1500	105.00
138840	2670	1600	112.00
147160	2830	1700	119.00
156000	3000	1800	126.00
164840	3170	1900	133.00
173160	3330	2000	140.00

REF #: 1947699

Find your Annual/Weekly Earnings above to determine your Maximum Weekly Benefit. If your Annual/Weekly Earnings are not shown, use the next lower Annual/Weekly Earnings and corresponding Maximum Weekly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Weekly Benefit based on your earnings.