

University of California San Francisco 2005 Premiums

SUPPLEMENTAL DISABILITY INSURANCE

To calculate your monthly premium
multiply the full-time monthly rate for your position (up to \$14,286)
by the appropriate premium factor listed below.

<u>AGE</u>	<u>WAITING PERIOD</u>			
	<u>7 DAYS</u>	<u>30 DAYS</u>	<u>90 DAYS</u>	<u>180 DAYS</u>
Under 35	0.0055	0.002	0.0018	0.0007
35-39	0.0058	0.0022	0.0019	0.0009
40-44	0.0065	0.0028	0.0023	0.0014
45-49	0.0072	0.0033	0.0028	0.0018
50-54	0.0089	0.0041	0.0035	0.0027
55-59	0.0106	0.0059	0.0050	0.0044
60-64	0.0147	0.0097	0.0083	0.0079
65-69	0.013	0.0076	0.0065	0.0058
70 and over	0.0099	0.0042	0.0036	0.0023

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

MONTHLY RATES

<u>COVERAGE AMOUNT</u>	<u>SELF</u>	<u>FAMILY</u>	<u>MODIFIED FAMILY</u>
10,000	0.18	0.28	0.22
20,000	0.36	0.56	0.44
30,000	0.54	0.84	0.66
40,000	0.72	1.12	0.88
50,000	0.90	1.40	1.10
60,000	1.08	1.68	1.32
70,000	1.26	1.96	1.54
80,000	1.44	2.24	1.76
90,000	1.62	2.52	1.98
100,000	1.80	2.80	2.20
125,000	2.25	3.50	2.75
150,000	2.70	4.20	3.30
175,000	3.15	4.90	3.85
200,000	3.60	5.60	4.40
300,000	5.40	8.40	6.60
400,000	7.20	11.20	8.80
500,000	9.00	14.00	11.00