

WTXEBC- Premium Worksheet



Rates and/or benefits can change.

VOLUNTARY ACCIDENT INSURANCE		
Monthly Premium Amount (Cost per Pay Period – 12/Year)		
COVERAGE TIER	LOW PLAN	HIGH PLAN
Employee Only	\$6.44 (\$0.22 per day)	\$13.42 (\$0.45 per day)
Employee & Spouse	\$10.14 (\$0.34 per day)	\$21.16 (\$0.71 per day)
Employee & Child(ren)	\$10.73 (\$0.38 per day)	\$22.32 (\$0.74 per day)
Employee & Family	\$16.92 (\$0.56 per day)	\$35.19 (\$1.17 per day)

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.