

Build Your Benefit

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If you're like most people, you depend on your paycheck. What would happen if illness, off-the-job injury or pregnancy kept you from working for several weeks or months? With Voluntary Short Term Disability (VSTD) insurance from MetLife, you can protect a portion of your income.

Here's how to choose the coverage that best fits your needs. (See the Plan Highlights on page 2 for additional information.)

1. Choose from \$100 up to \$1000 according to your weekly salary. Your benefits can be up to 60% of your basic weekly salary, up to the \$1000 max. You select coverage in \$50 increments – you'll need to round down to the nearest \$50 in figuring your purchase. (See the chart provided below.)

To buy:	You must earn at least	To buy:	You must earn at least
\$100	\$166/week	\$600	\$1000/week
\$150	\$250/week	\$650	\$1084/week
\$200	\$334/week	\$700	\$1167/week
\$250	\$417/week	\$750	\$1250/week
\$300	\$500/week	\$800	\$1334/week
\$350	\$584/week	\$850	\$1417/week
\$400	\$667/week	\$900	\$1500/week
\$450	\$750/week	\$950	\$1584/week
\$500	\$834/week	\$1000	\$1667/week
\$550	\$917/week		

2. To determine your premium, use the bills, shown at right and on the next page, that add up to the amount of coverage you want. For example, if you would like \$250 in coverage, add the premiums listed under your age group on the \$200 and \$50 bills to determine your premium. Or, if you would like \$1000 in coverage, multiply the premium shown for your age group on the \$500 bill by two.

The bills show premiums for all ages for each coverage amount. Premiums are based on your current age. If you buy coverage now, your future costs will change as your age increases.

3. Fill in the enrollment form with the amount of coverage you are choosing.

Due to rounding, your actual payroll deduction amount may vary slightly.

This piece must be accompanied by the Voluntary Short Term Disability employee folder, control number L02052IC7(exp0603)MLIC-LD

Like most group disability insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please contact your MetLife representative for complete details.

MetLife®

Metropolitan Life Insurance Company, New York, NY 10010
1806915720(0700)

MONTHLY

\$50

Voluntary STD – 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Monthly Employee Premium				
\$1.40	\$1.40	\$1.40	\$1.40	\$1.50
Employee Age				
50-54	55-59	60-64	65-69	70+
Monthly Employee Premium				
\$1.75	\$2.25	\$2.60	\$2.75	\$2.75

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\$100

Voluntary STD – 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Monthly Employee Premium				
\$2.80	\$2.80	\$2.80	\$2.80	\$3.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Monthly Employee Premium				
\$3.50	\$4.50	\$5.20	\$5.50	\$5.50

Northern Kentucky University

\$200

Voluntary STD – 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Monthly Employee Premium				
\$5.60	\$5.60	\$5.60	\$5.60	\$6.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Monthly Employee Premium				
\$7.00	\$9.00	\$10.40	\$11.00	\$11.00

Northern Kentucky University

\$300

Voluntary STD – 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Monthly Employee Premium				
\$8.40	\$8.40	\$8.40	\$8.40	\$9.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Monthly Employee Premium				
\$10.50	\$13.50	\$15.60	\$16.50	\$16.50

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\$400

Voluntary STD – 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Monthly Employee Premium				
\$11.20	\$11.20	\$11.20	\$11.20	\$12.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Monthly Employee Premium				
\$14.00	\$18.00	\$20.80	\$22.00	\$22.00

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Voluntary Short Term Disability Plan Highlights
Weekly Benefit (available in \$50 increments):
 Minimum Option: \$100¹
 Maximum: \$1000, not to exceed 60% of Basic Weekly Salary.

Elimination Period:

In the event you become disabled while covered under the plan, weekly benefits would start on the 31st day of illness, and 31st day of injury. You would receive benefits for up to 22 weeks or until you are no longer disabled, whichever happens first.

Mandatory Rehabilitation: Benefit payments cease on the date an employee refuses to participate in an approved rehabilitation program in which the employee is capable of participating. (Not applicable in CT and NJ.)

Definition of Disability

"Disabled" or "disability" means that, due to sickness, pregnancy or accidental injury, the employee:

1. is receiving appropriate care and treatment from a doctor on a continuing basis; and
2. is unable to earn more than 80% of his/her predisability earnings at his/her own occupation for any employer in his/her local economy.

Pre-Existing Conditions²:

A pre-existing condition limitation applies for the first 12 months you're covered under the plan. This means that if the pre-existing condition exists within 3 months prior to the effective date of coverage, no benefits are payable for any disability related to the pre-existing condition unless the elimination for the disability starts after 12 months as an active employee under the plan.

Due to rounding, your actual payroll deduction amount may vary slightly.



This piece must be accompanied by the Voluntary Short Term Disability employee folder, control number L020521C7(exp0603)MLIC-LD

Like most group disability insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please contact your MetLife representative for complete details. L020521C5(exp0603)MLIC-LD

1. Benefit may be reduced after Other Income Offsets are applied. See your policy booklet for details.
2. Reasonably prudent portion of the definition is not used in some states.

MetLife®

Metropolitan Life Insurance Company, New York, NY 10010
 1000016720(0700)








\$500

Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Monthly Employee Premium				
\$14.00	\$14.00	\$14.00	\$14.00	\$15.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Monthly Employee Premium				
\$17.50	\$22.50	\$26.00	\$27.50	\$27.50

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\$600

Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Monthly Employee Premium				
\$16.80	\$16.80	\$16.80	\$16.80	\$18.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Monthly Employee Premium				
\$21.00	\$27.00	\$31.20	\$33.00	\$33.00

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\$700

Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Monthly Employee Premium				
\$19.60	\$19.60	\$19.60	\$19.60	\$21.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Monthly Employee Premium				
\$24.50	\$31.50	\$36.40	\$38.50	\$38.50

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\$800

Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Monthly Employee Premium				
\$22.40	\$22.40	\$22.40	\$22.40	\$24.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Monthly Employee Premium				
\$28.00	\$36.00	\$41.60	\$44.00	\$44.00

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\$900

Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Monthly Employee Premium				
\$25.20	\$25.20	\$25.20	\$25.20	\$27.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Monthly Employee Premium				
\$31.50	\$40.50	\$46.80	\$49.50	\$49.50

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MetLife®

Metropolitan Life Insurance Company, New York, NY 10010
1900015720(0700)

BI-WEEKLY





\$50


Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Semi-Monthly Employee Premium				
\$.70	\$.70	\$.70	\$.70	\$.75

Employee Age				
50-54	55-59	60-64	65-69	70+
Semi-Monthly Employee Premium				
\$.88	\$ 1.13	\$ 1.30	\$ 1.38	\$ 1.38

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\$100


Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Semi-Monthly Employee Premium				
\$ 1.40	\$ 1.40	\$ 1.40	\$ 1.40	\$ 1.50

Employee Age				
50-54	55-59	60-64	65-69	70+
Semi-Monthly Employee Premium				
\$ 1.76	\$ 2.26	\$ 2.60	\$ 2.76	\$ 2.76

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\$200


Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Semi-Monthly Employee Premium				
\$ 2.80	\$ 2.80	\$ 2.80	\$ 2.80	\$ 3.00

Employee Age				
50-54	55-59	60-64	65-69	70+
Semi-Monthly Employee Premium				
\$ 3.52	\$ 4.52	\$ 5.20	\$ 5.52	\$ 5.52

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\$300


Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Semi-Monthly Employee Premium				
\$ 4.20	\$ 4.20	\$ 4.20	\$ 4.20	\$ 4.50

Employee Age				
50-54	55-59	60-64	65-69	70+
Semi-Monthly Employee Premium				
\$ 5.28	\$ 6.78	\$ 7.80	\$ 8.28	\$ 8.28

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\$400

Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Semi-Monthly Employee Premium				
\$ 5.60	\$ 5.60	\$ 5.60	\$ 5.60	\$ 6.00

Employee Age				
50-54	55-59	60-64	65-69	70+
Semi-Monthly Employee Premium				
\$ 7.04	\$ 9.04	\$ 10.40	\$ 11.04	\$ 11.04

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Voluntary Short Term Disability Plan Highlights
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L020521C5(exp0603)MLIC-LD

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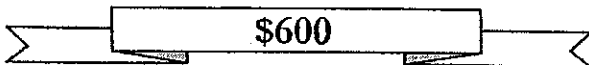





Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Semi-Monthly Employee Premium				
\$7.00	\$7.00	\$7.00	\$7.00	\$7.50
Employee Age				
50-54	55-59	60-64	65-69	70+
Semi-Monthly Employee Premium				
\$8.80	\$11.30	\$13.00	\$13.80	\$13.80






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Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Semi-Monthly Employee Premium				
\$8.40	\$8.40	\$8.40	\$8.40	\$9.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Semi-Monthly Employee Premium				
\$10.56	\$13.56	\$15.60	\$16.56	\$16.56






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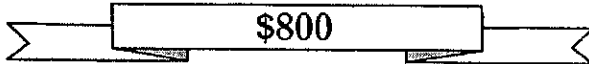





Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Semi-Monthly Employee Premium				
\$9.80	\$9.80	\$9.80	\$9.80	\$10.50
Employee Age				
50-54	55-59	60-64	65-69	70+
Semi-Monthly Employee Premium				
\$12.32	\$15.82	\$18.20	\$19.32	\$19.32






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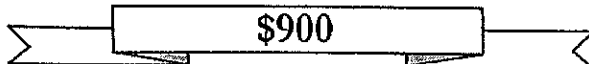





Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Semi-Monthly Employee Premium				
\$11.20	\$11.20	\$11.20	\$11.20	\$12.00
Employee Age				
50-54	55-59	60-64	65-69	70+
Semi-Monthly Employee Premium				
\$14.08	\$18.08	\$20.80	\$22.08	\$22.08






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Voluntary STD - 31/31/22

Employee Age				
Under 30	30-34	35-39	40-44	45-49
Semi-Monthly Employee Premium				
\$12.60	\$12.60	\$12.60	\$12.60	\$13.50
Employee Age				
50-54	55-59	60-64	65-69	70+
Semi-Monthly Employee Premium				
\$15.84	\$20.34	\$23.40	\$24.84	\$24.84

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