

**VOLUNTARY GROUP LONG TERM DISABILITY
PREMIUM RATE GRID
INCREMENTAL PURCHASE
QUEST GLOBAL, INC. - #F013731 - Class 2**



Eligibility

All Active Full Time Employees except Truck Drivers. You are eligible to enroll if you work the minimum number of hours per week required by your employer, and you have satisfied any waiting period.

Benefit Schedule

You may choose a monthly benefit amount from \$500 to \$5,000 in \$100 increments, not to exceed 60% of monthly earnings*.

Maximum Benefit Duration

To Social Security Normal Retirement Age

Elimination Period

180 days

		Weekly Premium Cost											
		Based on 52 payroll deductions per year											
		ATTAINED AGE											
If your annual salary is at least	You may select a monthly benefit of	0-20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$ 10,000	\$ 500	\$0.14	\$0.14	\$0.19	\$0.21	\$0.24	\$0.38	\$0.71	\$1.07	\$1.47	\$1.76	\$1.76	\$1.76
\$ 12,000	\$ 600	\$0.17	\$0.17	\$0.23	\$0.25	\$0.29	\$0.46	\$0.85	\$1.29	\$1.77	\$2.11	\$2.11	\$2.11
\$ 14,000	\$ 700	\$0.20	\$0.20	\$0.27	\$0.29	\$0.33	\$0.53	\$1.00	\$1.50	\$2.06	\$2.46	\$2.46	\$2.46
\$ 16,000	\$ 800	\$0.23	\$0.23	\$0.30	\$0.33	\$0.38	\$0.61	\$1.14	\$1.72	\$2.36	\$2.81	\$2.81	\$2.81
\$ 18,000	\$ 900	\$0.26	\$0.26	\$0.34	\$0.37	\$0.43	\$0.68	\$1.28	\$1.93	\$2.65	\$3.16	\$3.16	\$3.16
\$ 20,000	\$ 1,000	\$0.28	\$0.28	\$0.38	\$0.41	\$0.48	\$0.76	\$1.42	\$2.15	\$2.94	\$3.51	\$3.51	\$3.51
\$ 22,000	\$ 1,100	\$0.31	\$0.31	\$0.42	\$0.45	\$0.52	\$0.84	\$1.57	\$2.36	\$3.24	\$3.87	\$3.87	\$3.87
\$ 24,000	\$ 1,200	\$0.34	\$0.34	\$0.46	\$0.49	\$0.57	\$0.91	\$1.71	\$2.58	\$3.53	\$4.22	\$4.22	\$4.22
\$ 26,000	\$ 1,300	\$0.37	\$0.37	\$0.50	\$0.53	\$0.62	\$0.99	\$1.85	\$2.79	\$3.83	\$4.57	\$4.57	\$4.57
\$ 28,000	\$ 1,400	\$0.40	\$0.40	\$0.53	\$0.58	\$0.67	\$1.06	\$1.99	\$3.00	\$4.12	\$4.92	\$4.92	\$4.92
\$ 30,000	\$ 1,500	\$0.43	\$0.43	\$0.57	\$0.62	\$0.71	\$1.14	\$2.14	\$3.22	\$4.42	\$5.27	\$5.27	\$5.27
\$ 32,000	\$ 1,600	\$0.45	\$0.45	\$0.61	\$0.66	\$0.76	\$1.21	\$2.28	\$3.43	\$4.71	\$5.62	\$5.62	\$5.62
\$ 34,000	\$ 1,700	\$0.48	\$0.48	\$0.65	\$0.70	\$0.81	\$1.29	\$2.42	\$3.65	\$5.01	\$5.97	\$5.97	\$5.97
\$ 36,000	\$ 1,800	\$0.51	\$0.51	\$0.69	\$0.74	\$0.86	\$1.37	\$2.56	\$3.86	\$5.30	\$6.33	\$6.33	\$6.33
\$ 38,000	\$ 1,900	\$0.54	\$0.54	\$0.72	\$0.78	\$0.90	\$1.44	\$2.71	\$4.08	\$5.59	\$6.68	\$6.68	\$6.68
\$ 40,000	\$ 2,000	\$0.57	\$0.57	\$0.76	\$0.82	\$0.95	\$1.52	\$2.85	\$4.29	\$5.89	\$7.03	\$7.03	\$7.03
\$ 50,000	\$ 2,500	\$0.71	\$0.71	\$0.95	\$1.03	\$1.19	\$1.90	\$3.56	\$5.37	\$7.36	\$8.79	\$8.79	\$8.79
\$ 60,000	\$ 3,000	\$0.85	\$0.85	\$1.14	\$1.23	\$1.43	\$2.28	\$4.27	\$6.44	\$8.83	\$10.54	\$10.54	\$10.54
\$ 70,000	\$ 3,500	\$0.99	\$0.99	\$1.33	\$1.44	\$1.66	\$2.66	\$4.98	\$7.51	\$10.31	\$12.30	\$12.30	\$12.30
\$ 80,000	\$ 4,000	\$1.14	\$1.14	\$1.52	\$1.64	\$1.90	\$3.04	\$5.70	\$8.58	\$11.78	\$14.06	\$14.06	\$14.06
\$ 100,000	\$ 5,000	\$1.42	\$1.42	\$1.90	\$2.05	\$2.38	\$3.80	\$7.12	\$10.73	\$14.72	\$17.57	\$17.57	\$17.57

*Monthly Earnings means your monthly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes, including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay or any other extra compensation other than commissions. Commissions will be averaged over the 12 month period prior to the date disability begins.

This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. This piece is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage. (For internal use only: Policy number 2-LTDP-705)

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