

**TRUSTMARK INSURANCE COMPANY
DISABILITY INCOME**

**STATE: Standard
STATE DI PLAN: No
CURRENT EMPLOYER PLAN MONTHLY BENEFIT = 0**

52-PAYMENT/YEAR RATES FOR THE EMPLOYEES OF VAN WERT AREA SCHOOL

**7 DAY ACCIDENT / 7D DAY SICKNESS ELIMINATION PERIOD
6 MONTH BENEFIT PERIOD**

9/30/2019 10:17

MONTHLY INCOME	MONTHLY BENEFIT	ISSUE AGE		
		18-49	50-59	60-70
900	500	3.42	4.06	4.85
1,000	600	4.10	4.87	5.82
1,100	600	4.10	4.87	5.82
1,200	700	4.79	5.68	6.79
1,300	700	4.79	5.68	6.79
1,400	800	5.47	6.50	7.76
1,500	900	6.15	7.31	8.73
1,600	900	6.15	7.31	8.73
1,700	1,000	6.84	8.12	9.70
1,800	1,000	6.84	8.12	9.70
1,900	1,100	7.52	8.93	10.67
2,000	1,200	8.21	9.74	11.64
2,100	1,200	8.21	9.74	11.64
2,200	1,300	8.89	10.55	12.61
2,300	1,300	8.89	10.55	12.61
2,400	1,400	9.57	11.37	13.59
2,500	1,500	10.26	12.18	14.56
2,600	1,500	10.26	12.18	14.56
2,700	1,600	10.94	12.99	15.53
2,800	1,600	10.94	12.99	15.53
2,900	1,700	11.62	13.80	16.50
3,000	1,800	12.31	14.61	17.47
3,100	1,800	12.31	14.61	17.47
3,200	1,900	12.99	15.43	18.44
3,300	1,900	12.99	15.43	18.44
3,400	2,000	13.68	16.24	19.41
3,500	2,100	14.36	17.05	20.38
3,600	2,100	14.36	17.05	20.38
3,700	2,200	15.04	17.86	21.35
3,800	2,200	15.04	17.86	21.35
3,900	2,300	15.73	18.67	22.32
4,000	2,400	16.41	19.49	23.29
4,100	2,400	16.41	19.49	23.29

**TRUSTMARK INSURANCE COMPANY
DISABILITY INCOME**

**STATE: Standard
STATE DI PLAN: No
CURRENT EMPLOYER PLAN MONTHLY BENEFIT = 0**

52-PAYMENT/YEAR RATES FOR THE EMPLOYEES OF VAN WERT AREA SCHOOL

**7 DAY ACCIDENT / 7D DAY SICKNESS ELIMINATION PERIOD
6 MONTH BENEFIT PERIOD**

9/30/2019 10:17

MONTHLY INCOME	MONTHLY BENEFIT	ISSUE AGE		
		18-49	50-59	60-70
4,200	2,500	17.09	20.30	24.26
4,300	2,500	17.09	20.30	24.26
4,400	2,600	17.78	21.11	25.23
4,500	2,700	18.46	21.92	26.20
4,600	2,700	18.46	21.92	26.20
4,700	2,800	19.15	22.73	27.17
4,800	2,800	19.15	22.73	27.17
4,900	2,900	19.83	23.54	28.14
5,000	3,000	20.51	24.36	29.11
5,100	3,000	20.51	24.36	29.11
5,200	3,100	21.20	25.17	30.08
5,300	3,100	21.20	25.17	30.08
5,400	3,200	21.88	25.98	31.05
5,500	3,300	22.57	26.79	32.02
5,600	3,300	22.57	26.79	32.02
5,700	3,400	23.25	27.60	32.99
5,800	3,400	23.25	27.60	32.99
5,900	3,500	23.93	28.42	33.96
6,000	3,600	24.62	29.23	34.93
6,100	3,600	24.62	29.23	34.93
6,200	3,700	25.30	30.04	35.90
6,300	3,700	25.30	30.04	35.90
6,400	3,800	25.98	30.85	36.87
6,500	3,900	26.67	31.66	37.84
6,600	3,900	26.67	31.66	37.84
6,700	4,000	27.35	32.48	38.81
6,800	4,000	27.35	32.48	38.81
6,900	4,100	28.04	33.29	39.79
7,000	4,200	28.72	34.10	40.76
7,100	4,200	28.72	34.10	40.76
7,200	4,300	29.40	34.91	41.73
7,300	4,300	29.40	34.91	41.73
7,400	4,400	30.09	35.72	42.70
7,500	4,500	30.77	36.53	43.67
7,600	4,500	30.77	36.53	43.67

**TRUSTMARK INSURANCE COMPANY
DISABILITY INCOME**

**STATE: Standard
STATE DI PLAN: No
CURRENT EMPLOYER PLAN MONTHLY BENEFIT = 0**

52-PAYMENT/YEAR RATES FOR THE EMPLOYEES OF VAN WERT AREA SCHOOL

**7 DAY ACCIDENT / 7D DAY SICKNESS ELIMINATION PERIOD
6 MONTH BENEFIT PERIOD**

9/30/2019 10:17

MONTHLY INCOME	MONTHLY BENEFIT	ISSUE AGE		
		18-49	50-59	60-70
7,700	4,600	31.45	37.35	44.64
7,800	4,600	31.45	37.35	44.64
7,900	4,700	32.14	38.16	45.61
8,000	4,800	32.82	38.97	46.58
8,100	4,800	32.82	38.97	46.58
8,200	4,900	33.51	39.78	47.55
8,300	4,900	33.51	39.78	47.55
8,400	5,000	34.19	40.59	48.52
8,500	5,100	34.87	41.41	49.49
8,600	5,100	34.87	41.41	49.49
8,700	5,200	35.56	42.22	50.46
8,800	5,200	35.56	42.22	50.46
8,900	5,300	36.24	43.03	51.43
9,000	5,400	36.92	43.84	52.40
9,100	5,400	36.92	43.84	52.40
9,200	5,500	37.61	44.65	53.37
9,300	5,500	37.61	44.65	53.37
9,400	5,600	38.29	45.47	54.34
9,500	5,700	38.98	46.28	55.31
9,600	5,700	38.98	46.28	55.31
9,700	5,800	39.66	47.09	56.28
9,800	5,800	39.66	47.09	56.28
9,900	5,900	40.34	47.90	57.25
10,000	6,000	41.03	48.71	58.22

RIDERS/OPTIONAL BENEFITS
Maternity

**TRUSTMARK INSURANCE COMPANY
DISABILITY INCOME**

**STATE: Standard
STATE DI PLAN: No
CURRENT EMPLOYER PLAN MONTHLY BENEFIT = 0**

52-PAYMENT/YEAR RATES FOR THE EMPLOYEES OF VAN WERT AREA SCHOOL

**7 DAY ACCIDENT / 7D DAY SICKNESS ELIMINATION PERIOD
6 MONTH BENEFIT PERIOD**

9/30/2019 10:17

MONTHLY INCOME	MONTHLY BENEFIT	ISSUE AGE		
		18-49	50-59	60-70

**TRUSTMARK INSURANCE COMPANY
DISABILITY INCOME**

**STATE: Standard
STATE DI PLAN: No
CURRENT EMPLOYER PLAN MONTHLY BENEFIT = 0**

52-PAYMENT/YEAR RATES FOR THE EMPLOYEES OF VAN WERT AREA SCHOOL

**14 DAY ACCIDENT / 14 DAY SICKNESS ELIMINATION PERIOD
6 MONTH BENEFIT PERIOD**

9/30/2019 10:17

MONTHLY INCOME	MONTHLY BENEFIT	ISSUE AGE		
		18-49	50-59	60-70
900	500	2.12	2.64	3.16
1,000	600	2.54	3.17	3.79
1,100	600	2.54	3.17	3.79
1,200	700	2.97	3.70	4.42
1,300	700	2.97	3.70	4.42
1,400	800	3.39	4.23	5.05
1,500	900	3.81	4.76	5.68
1,600	900	3.81	4.76	5.68
1,700	1,000	4.24	5.28	6.31
1,800	1,000	4.24	5.28	6.31
1,900	1,100	4.66	5.81	6.94
2,000	1,200	5.08	6.34	7.57
2,100	1,200	5.08	6.34	7.57
2,200	1,300	5.51	6.87	8.21
2,300	1,300	5.51	6.87	8.21
2,400	1,400	5.93	7.40	8.84
2,500	1,500	6.36	7.93	9.47
2,600	1,500	6.36	7.93	9.47
2,700	1,600	6.78	8.46	10.10
2,800	1,600	6.78	8.46	10.10
2,900	1,700	7.20	8.98	10.73
3,000	1,800	7.63	9.51	11.36
3,100	1,800	7.63	9.51	11.36
3,200	1,900	8.05	10.04	11.99
3,300	1,900	8.05	10.04	11.99
3,400	2,000	8.47	10.57	12.62
3,500	2,100	8.90	11.10	13.26
3,600	2,100	8.90	11.10	13.26
3,700	2,200	9.32	11.63	13.89
3,800	2,200	9.32	11.63	13.89
3,900	2,300	9.74	12.15	14.52
4,000	2,400	10.17	12.68	15.15
4,100	2,400	10.17	12.68	15.15

**TRUSTMARK INSURANCE COMPANY
DISABILITY INCOME**

**STATE: Standard
STATE DI PLAN: No
CURRENT EMPLOYER PLAN MONTHLY BENEFIT = 0**

52-PAYMENT/YEAR RATES FOR THE EMPLOYEES OF VAN WERT AREA SCHOOL

**14 DAY ACCIDENT / 14 DAY SICKNESS ELIMINATION PERIOD
6 MONTH BENEFIT PERIOD**

9/30/2019 10:17

MONTHLY INCOME	MONTHLY BENEFIT	ISSUE AGE		
		18-49	50-59	60-70
4,200	2,500	10.59	13.21	15.78
4,300	2,500	10.59	13.21	15.78
4,400	2,600	11.02	13.74	16.41
4,500	2,700	11.44	14.27	17.04
4,600	2,700	11.44	14.27	17.04
4,700	2,800	11.86	14.80	17.67
4,800	2,800	11.86	14.80	17.67
4,900	2,900	12.29	15.32	18.31
5,000	3,000	12.71	15.85	18.94
5,100	3,000	12.71	15.85	18.94
5,200	3,100	13.13	16.38	19.57
5,300	3,100	13.13	16.38	19.57
5,400	3,200	13.56	16.91	20.20
5,500	3,300	13.98	17.44	20.83
5,600	3,300	13.98	17.44	20.83
5,700	3,400	14.41	17.97	21.46
5,800	3,400	14.41	17.97	21.46
5,900	3,500	14.83	18.50	22.09
6,000	3,600	15.25	19.02	22.72
6,100	3,600	15.25	19.02	22.72
6,200	3,700	15.68	19.55	23.36
6,300	3,700	15.68	19.55	23.36
6,400	3,800	16.10	20.08	23.99
6,500	3,900	16.52	20.61	24.62
6,600	3,900	16.52	20.61	24.62
6,700	4,000	16.95	21.14	25.25
6,800	4,000	16.95	21.14	25.25
6,900	4,100	17.37	21.67	25.88
7,000	4,200	17.80	22.19	26.51
7,100	4,200	17.80	22.19	26.51
7,200	4,300	18.22	22.72	27.14
7,300	4,300	18.22	22.72	27.14
7,400	4,400	18.64	23.25	27.77
7,500	4,500	19.07	23.78	28.41
7,600	4,500	19.07	23.78	28.41

**TRUSTMARK INSURANCE COMPANY
DISABILITY INCOME**

**STATE: Standard
STATE DI PLAN: No
CURRENT EMPLOYER PLAN MONTHLY BENEFIT = 0**

52-PAYMENT/YEAR RATES FOR THE EMPLOYEES OF VAN WERT AREA SCHOOL

**14 DAY ACCIDENT / 14 DAY SICKNESS ELIMINATION PERIOD
6 MONTH BENEFIT PERIOD**

9/30/2019 10:17

MONTHLY INCOME	MONTHLY BENEFIT	ISSUE AGE		
		18-49	50-59	60-70
7,700	4,600	19.49	24.31	29.04
7,800	4,600	19.49	24.31	29.04
7,900	4,700	19.91	24.84	29.67
8,000	4,800	20.34	25.37	30.30
8,100	4,800	20.34	25.37	30.30
8,200	4,900	20.76	25.89	30.93
8,300	4,900	20.76	25.89	30.93
8,400	5,000	21.18	26.42	31.56
8,500	5,100	21.61	26.95	32.19
8,600	5,100	21.61	26.95	32.19
8,700	5,200	22.03	27.48	32.82
8,800	5,200	22.03	27.48	32.82
8,900	5,300	22.46	28.01	33.45
9,000	5,400	22.88	28.54	34.09
9,100	5,400	22.88	28.54	34.09
9,200	5,500	23.30	29.06	34.72
9,300	5,500	23.30	29.06	34.72
9,400	5,600	23.73	29.59	35.35
9,500	5,700	24.15	30.12	35.98
9,600	5,700	24.15	30.12	35.98
9,700	5,800	24.57	30.65	36.61
9,800	5,800	24.57	30.65	36.61
9,900	5,900	25.00	31.18	37.24
10,000	6,000	25.42	31.71	37.87

RIDERS/OPTIONAL BENEFITS
Maternity

**TRUSTMARK INSURANCE COMPANY
DISABILITY INCOME**

**STATE: Standard
STATE DI PLAN: No
CURRENT EMPLOYER PLAN MONTHLY BENEFIT = 0**

52-PAYMENT/YEAR RATES FOR THE EMPLOYEES OF VAN WERT AREA SCHOOL

**14 DAY ACCIDENT / 14 DAY SICKNESS ELIMINATION PERIOD
6 MONTH BENEFIT PERIOD**

9/30/2019 10:17

MONTHLY INCOME	MONTHLY BENEFIT	ISSUE AGE		
		18-49	50-59	60-70